

Confirmation of Commitment



I/we _____ have made provisions for a legacy gift to _____.

My/Our gift is in the approximate amount of \$ _____, OR _____% of my/our estate or plan, and was completed through (check a box, please):

- | | |
|---|---|
| <input type="checkbox"/> Bequest/Will | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Retirement Plan Assets (e.g., 401(k), IRA) | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Estate or Business Interest | <input type="checkbox"/> Other _____ |

(Please Print Clearly or Type)

Donor Name Date of Birth

Donor Name Date of Birth

Name(s) as you wish them to appear for formal recognition (without titles)

Street Address

City, State, Zip

The BEST phone number(s) to reach you. Please indicate cell or home.

Email Address or Addresses

Please check all that apply:

- You have permission to **recognize me/us publicly** (without gift type or amount)
- I/We would like our gift to remain **anonymous** at this time.
- I/We understand that you will inform the **designated organizations** of this gift.
- Please have a Jewish Community Foundation staff member contact me for a confidential conversation regarding my legacy gift.

I/We understand that this commitment is revocable and may be modified at my/our discretion. I/We will endeavor to notify the recipient organization(s) accordingly.

Donor Signature Date

Donor Signature Date

Recipient Organization Representative Signature Date

I/We have **also** made provisions, **and will complete a separate form**, for a legacy gift to the following community partner organization(s):

- Adath Shalom
- Bnai Keshet
- Congregation Agudath Israel
- Congregation Beth Israel, Scotch Pl
- Congregation B'nai Israel, Millburn
- Congregation Ohr Shalom-Summit JCC
- JCC of Central NJ
- Jewish Family Service, Central
- Jewish Family Service, MetroWest
- Jewish Service for the Developmentally Disabled
- Morristown Jewish Center Beit Yisrael
- Mt. Freedom Jewish Center
- Oheb Shalom Congregation
- Temple Beth Ahm Yisrael
- Temple Beth O'r Beth Torah
- Temple Beth Shalom
- Temple Beth-El Mekor Chayim
- Temple B'nai Or
- Temple Emanu-El, Westfield
- Temple Sinai, Summit
- YM-YWHA of Union County
- Other _____

Please return this form to the organization(s) you designated or to:

Karen Secular, Program Manager
Jewish Community Foundation
901 Rt. 10, Whippany, NJ 07981
973-929-2918
ksecular@jfdgmw.org

Thank you for taking this beautiful step to secure a strong Jewish future.

