

LEGACY GIFT CONFIRMATION



Jewish Federation
of Broward County
Jewish Community Foundation

To benefit future generations, I/we declare this commitment to assure the continuity of Jewish services and programs in Broward County and I/we affirm that I/we have made the following legal arrangements for my/our gift:

Donor Information

Salutation (circle one) Mr./Mrs./Ms./Miss/Dr./Prof./Rabbi/Other _____ Date _____

Donor (1) Name _____ DOB (m/d/yr) _____

Donor (2) Name _____ DOB (m/d/yr) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Alternate Telephoe: _____ Email: _____

I/We intend for the following organization(s) to benefit from my/our Legacy gift. Please show the percentage or amount of your gift to each organization:

<input type="radio"/> B'nai Aviv	<input type="radio"/> Holocaust Documentation and Education Center	<input type="radio"/> Temple Beth Torah Sha'aray Tzedek
<input type="radio"/> Chabad Jewish Center	<input type="radio"/> Jewish Federation of Broward County	<input type="radio"/> Temple Dor Dorim
<input type="radio"/> Congregation Kol Tikvah	<input type="radio"/> Pembroke Pines Jewish Center	<input type="radio"/> Temple Kol Ami Emanu-El
<input type="radio"/> David Posnack Jewish Community Center	<input type="radio"/> Temple Bat Yam	<input type="radio"/> Young Israel of Hollywood
<input type="radio"/> Goodman Jewish Family Services	<input type="radio"/> Temple Beth Emet	<input type="radio"/> Other: _____

My/Our commitment is within the following document:

You are encouraged to share a copy of the gift arrangement for record keeping.

<input type="radio"/> Gift in Will or Trust (can be percentage, residual, or specific amount)	<input type="radio"/> Gift that provides lifetime income (Charitable Gift Annuity or Charitable Remainder Trust)
<input type="radio"/> Beneficiary of Retirement Plan, Administered by _____	<input type="radio"/> Gift that provides income to heirs (Charitable Gift Annuity or Charitable Lead or Remainder Trust)
<input type="radio"/> Beneficiary of Life Insurance Policy, Insurance Company _____	<input type="radio"/> Real estate, Personal property, Securities, Specialty asset, Business Interest
<input type="radio"/> Cash Endowment Gift	<input type="radio"/> Other _____

Attorney, Financial Advisor, Family Member, Executor, or Trustee for my/our gift is:

Name _____ Telephone or Email _____

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Please return this form to:

David Posnack Jewish Community Center
5850 South Pine Island Road, Davie, Florida 33328
Attn: Beverly S. Bachrach

For questions, please contact:

Beverly S. Bachrach
954-453-9382
bbachrach@dpjcc.org