



CREATE A JEWISH LEGACY

LEGACY GIFT CONFIRMATION

I/We _____, of _____, _____
Name City State

confirm that I/we have legally provided for my/our commitment to the Create a Jewish Legacy of South Palm Beach County program for the benefit of the following organization(s):

CREATE A JEWISH LEGACY / LIFE & LEGACY™ PARTICIPANTS

- | | |
|---|--|
| <input type="radio"/> Adolph & Rose Levis Jewish Community Center | <input type="radio"/> Jewish Federation of South Palm Beach County |
| <input type="radio"/> B'nai Torah Congregation | <input type="radio"/> Katz Hillel Day School of Boca Raton |
| <input type="radio"/> Boca Raton Synagogue | <input type="radio"/> Katz Yeshiva High School of South Florida |
| <input type="radio"/> Congregation Shaarei Kodesh | <input type="radio"/> Ruth & Norman Rales Jewish Family Services |
| <input type="radio"/> Donna Klein Jewish Academy | <input type="radio"/> Temple Beth El of Boca Raton |
| <input type="radio"/> Jewish Association for Residential Care | |

CREATE A JEWISH LEGACY ORGANIZATIONS

- | | |
|--|--|
| <input type="radio"/> Congregation B'nai Israel | <input type="radio"/> Torah Academy of Boca Raton |
| <input type="radio"/> Hillel of Broward and Palm Beach | <input type="radio"/> Other, non-Create a Jewish Legacy organization |
| <input type="radio"/> Jewish Education Center of South Florida | _____ |

(please describe)

I/We confirm that I/we have made appropriate legal arrangements to assure that my/our legacy gift will be accomplished according to my/our wishes. My/Our commitment is acknowledged within the following document(s):*

*** Please provide a copy of the pertinent pages to make sure that your wishes are met.**

- | | |
|---|--|
| <input type="radio"/> Bequest in Will | <input type="radio"/> Charitable Remainder Trust |
| <input type="radio"/> Beneficiary of a Life Insurance Policy: | <input type="radio"/> Charitable Lead Trust |
| _____ | <input type="radio"/> Cash Endowment Gift |
| Insurance Company | <input type="radio"/> Other |
| <input type="radio"/> Beneficiary of a Retirement Plan: | _____ |
| _____ | (please describe) |
| Administered by | |

Turn Over →



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LEGACY GIFT CONFIRMATION continued...

I am/We are pleased to be able to support the Jewish community in South Palm Beach County through my/our legacy gift.

The approximate value of my/our commitment will be \$ _____ or _____ % of my/our estate.

I understand that this legacy gift confirmation form is not a legally binding agreement and may be amended or modified by me at anytime.

Donor Signature: _____ Print Name: _____ Date: _____

Donor Signature: _____ Print Name: _____ Date: _____

Optional: Assistance to provide for my legacy commitment given by (please designate adviser):

My/Our estate planning attorney is: _____ Contact Information: _____

My/Our financial planner is: _____ Contact Information: _____

Other (family member, executor, trustee): _____ Contact Information: _____

If you have not already submitted confirmation of your legacy gift, please complete & return this form to the organization(s) to which you are committed, or:

Jewish Federation of South Palm Beach County
9901 Donna Klein Blvd, Boca Raton, FL 33428
Attn: Lottie Nilsen

For questions please contact Lottie Nilsen, Director of Foundation Community Development, 561-852-3109, lottien@bocafed.org or visit jewishboca.org/cjl.