I/We 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

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

CREATE A JEWISH LEGACY ORGANIZATIONS

- Congregation B'nai Israel
- Hillel of Broward and Palm Beach
- Jewish Education Center of South Florida
- Torah Academy of Boca Raton
- Other, non-Create a Jewish Legacy organization

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.

- Bequest in Will
- Beneficiary of a Life Insurance Policy:
  Insurance Company
- Beneficiary of a Retirement Plan:

Turn Over
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.