





## **Legacy Gift Confirmation/Formalization Form**

I/V	We		,	of			
	(Name/s)				(City)	(State)	
Со	onfirm that I/we have legally provided for my/our o	omm	itment to the L	IFE & I	LEGACY™ Pro	gram of	
th	e Greater Phoenix community for the benefit of th	e foll	owing organiza	tions v	which will be	held at the	
Je	wish Community Foundation of Greater Phoenix (T	ax ID	# 47-0874376)	:			
	FE & LEGACY COMMUNITY PARTNER ORGATION TO THE STATE OF TH		••				
	Congregation Or Tzion		Jewish Free Lo	oan			
	Arizona Jewish Historical Society		Minkoff Cente	er for J	ewish Geneti	cs	
	East Valley Jewish Community Center		Pardes Jewish	Day S	School		
	Hillel at ASU		Temple Chai				
	Jewish Family & Children's Service		Temple Eman	uel of	Тетре		
	Jewish Federation of Greater Phoenix		Temple Kol Ai	mi			
	Valley of the Sun JCC						
ac or	We affirm that I/we have made appropriate legal complished according to my/our wishes. My/Our% has been acknowledged within the following provide a copy of the pertinent pages to ma	lega lowir	cy gift in the ap	proxir	mate amount		
	Last Will & Testament or Living Trust						
	IRA or other Retirement Plan—Administered By:						
	Life Insurance Policy—Insurance Company:						
	Charitable Remainder Trust						
	Charitable Lead Trust						
	Charitable Gift Annuity (CGA)						
	Other (please describe):						

## If you have not filled out a Declaration of Commitment form, please complete the following information in this box:

Ple	ease check all t	that apply:						
	☐ I/We understand that this commitment is revocable and may be modified at my/our discretion.							
	I/we endeavor to notify the recipient organization(s) accordingly.							
Ц	applicable).							
<ul> <li>You have my permission to recognize me/us publicly in all LIFE &amp; LEGACY™ marketing materials</li> </ul>								
	(without disclosing gift details).							
☐ Please have a Jewish Community Foundation staff member contact me/us regarding completi								
my/our page in the Endowment Book of Life								
No.		annitian ( D	with and Convert Dance May Buth Dance)					
iva	mes for Formal Re	ecognition (e.g., R	uth and Samuel Donor, Ms. Ruth Donor)					
Stre	Street Address			City, State ZIP				
	me Phone	OR	Mobile Phone	Email				
поі	ne Phone	<u> </u>	Mobile Phone	EIIIdii				
Donor Signature Date		Date of Birth	Date					
	3							
Donor Signature Date of Birth		Date of Birth	Date					
OP	TIONAL: Assista	ince to provide	for my legacy commitment given by	y (please designate adviser):				
My/Our estate planning attorney is:			s:	Contact Information:				
My/Our financial planner is:				Contact Information:				
				Contact morniation.				
Other (family member, executor, trustee)				Contact Information:				
	,	,	,					

## Please complete & return this form to either:

Rachel Rabinovich, LIFE & LEGACY Program Director Jewish Community Foundation of Greater Phoenix 12701 N. Scottsdale Road, Suite 202 Scottsdale, AZ 85254 Direct 480.481.1785 | rrabinovich@jcfphoenix.org

Nicky Spivak, Executive Director
Congregation Or Tzion
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