LEGACY GIFT CONFIRMATION

Today, Tomorrow and TOGETHER.

I/We	NAME ,
	NAME
of	,,
	CITY STATE
confirm that I/we have	re legally provided for my commitment for the benefit of the
following organization	n(s):
/We confirm that I/we have made appropriate	O Bequest in Will
egal arrangements to assure that my/our legacy	O Beneficiary of a Life Insurance Policy
gift will be accomplished according to my/our	O Beneficiary of a Retirement Plan
wishes. My/Our commitment is acknowledged	O Charitable Gift Annuity (CGA)
within the following document:*	O Charitable Remainder Trust
	O Charitable Lead Trust
	O Cash Endowment Gift
* Please provide a copy of the pertinent pages to make sure that your wishes are met.	O Other (please describe)
am/We are pleased to be able to support the .	Jewish community in the Heart of New Jersey through my
	commitment will be \$ or
of my/our estate.	
DONOR SIGNATURE	DATE
DONOR SIGNATURE	DATE
OPTIONAL: Assistance to provide for my legacy commit	tment given by (Please designate adviser):
My/Our estate planning attorney is:	Phone:
My/Our financial planner is:	Phone:
Other:	

For more information please contact: Susan Antman, Executive Director, Jewish Federation in the Heart of New Jersey at 732-588-1800 or susana@jewishheartnj.org





