

Confirmation of Commitment

In keeping with Jewish tradition, I/we wish to share my/our blessings with others.

I/We intend to leave a legacy gift and will formalize my/our gift within _____ months.

I/We have already included a legacy gift for the Jewish community in my/our estate plan.

My/Our Legacy gift in the approximate amount of (\$ or %) _____ to the Tidewater Jewish community will be/was completed through (check one or more):

Life Insurance

Charitable Remainder/Lead Trust

Retirement Plan Assets/IRA

Bequest/Will

Other _____

Real Estate or Business Interest

NAME _____ DATE OF BIRTH _____

ADDITIONAL NAME _____ DATE OF BIRTH _____

NAME(S) FOR FORMAL RECOGNITION _____

ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____

You have my/our permission to recognize me/us in the Simon Family Legacy Society Book of Life.

I/We would like my/our gift to remain anonymous at this time.

Please have a TJF staff member contact me/us for a confidential conversation regarding my/our legacy gift, whether or not it has been fully executed.

I/we understand that this commitment does not create a legal obligation and may be modified at my/our discretion.

DONOR SIGNATURE _____ DATE _____

ADDITIONAL DONOR SIGNATURE _____ DATE _____

It is my/our desire that the following LIFE & LEGACY approved organization(s) benefit from our/my gift:

(Check one or more) **% or Amount (optional)**

Beth Sholom Village _____

Chabad Lubavitch of Tidewater _____

Congregation Beth El _____

Jewish Family Service of Tidewater _____

Ohel Sholom Temple _____

Simon Family JCC _____

Strelitz International Academy _____

Temple Emanuel _____

Tidewater Jewish Foundation _____

United Jewish Federation of Tidewater _____

Other _____

Please return this form to:
Tidewater Jewish Foundation
5000 Corporate Woods Drive, Suite 200
Virginia Beach, VA 23462

