## **Confirmation of Commitment**

I/We intend to leav	dition, I/we wish to share my/our ble ve a legacy gift and will formalize my/our gi	ft within	months. 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  Bequest/Will	Charitable Remainder/Lead Trust  Other	Retiremen	t Plan Assets/IRA e or Business Inte	
NAME	IAME DATE OF BIRTH		It is my/our desire that the following Life	
ADDITIONAL NAME	DATE OF BIRTH	——— ben	egacy approved organi efit from our/my gift: eck one or more)	% or Amount
NAME(S) FOR FORMAL RECOGNI	TION		Beth Sholom Village Chabad Lubavitch of	(optional)
ADDRESS			Tidewater  Congregation Beth El	
HOME PHONE	MOBILE PHONE		Jewish Family Service of Tidewater Ohef Sholom Temple	
EMAIL ADDRESS			Simon Family JCC	
You have my/our permission to recognize me/us in the Simon Family Legacy Society Book of Life.			Strelitz International Academy	
I/We would like my/our gift to remain anonymous at this time.			Temple Emanuel	
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.			Tidewater Jewish Foundation	
I/we understand that this commitment does not create a legal obligation and may be modified at my/our discretion.			United Jewish Federation of Tidewater	
DONOR SIGNATURE	DATE		Other	
ADDITIONAL DONOR SIGNATURE	Life & Legacy	Tide 500	ase return this form to: ewater Jewish Foundat 0 Corporate Woods Dri jinia Beach, VA 23462	tion