

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 my/our gift:

- | (Check one or more) | % or Amount (optional) |
|--|------------------------|
| <input type="checkbox"/> Beth Sholom Village | <input type="text"/> |
| <input type="checkbox"/> Chabad Lubavitch of Tidewater | <input type="text"/> |
| <input type="checkbox"/> Congregation Beth El | <input type="text"/> |
| <input type="checkbox"/> Hebrew Academy of Tidewater | <input type="text"/> |
| <input type="checkbox"/> Jewish Family Service of Tidewater | <input type="text"/> |
| <input type="checkbox"/> Ohef Sholom Temple | <input type="text"/> |
| <input type="checkbox"/> Simon Family JCC | <input type="text"/> |
| <input type="checkbox"/> Temple Emanuel | <input type="text"/> |
| <input type="checkbox"/> Tidewater Jewish Foundation | <input type="text"/> |
| <input type="checkbox"/> Toras Chaim Day School | <input type="text"/> |
| <input type="checkbox"/> United Jewish Federation Of Tidewater | <input type="text"/> |
| <input type="checkbox"/> Other | <input type="text"/> |

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

Attention:
Kaitlyn Oelsner
Director of Philanthropy
koelsner@ujft.org

