

# 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:**  
**Scott Kaplan**  
 President & CEO  
 skaplan@ujft.org

