

LEGACY GIFT CONFIRMATION



Thank you for your promise to provide for future generations and ensure the continuity of services and programs in the Northeastern New York Jewish community. Please confirm the formalization of your legacy gift(s) by completing this form.

I/We _____, of _____, _____, _____
NAME CITY STATE

confirm that I/we have provided for my/our promise to LIFE & LEGACY for the benefit of the following organization(s):

- | | |
|--|--|
| <input type="checkbox"/> Sidney Albert Albany JCC | <input type="checkbox"/> Daughters of Sarah Senior Community |
| <input type="checkbox"/> Congregation Berith Sholom | <input type="checkbox"/> Bet Shraga Hebrew Academy of the Capital District |
| <input type="checkbox"/> Congregation Beth Abraham-Jacob | <input type="checkbox"/> Jewish Federation of Northeastern New York |
| <input type="checkbox"/> Congregation Beth Emeth | <input checked="" type="checkbox"/> Robert & Dorothy Ludwig JCC of Schenectady |
| <input type="checkbox"/> Congregation Gates of Heaven | <input type="checkbox"/> Temple Sinai |
| <input type="checkbox"/> Congregation Ohav Shalom | <input type="checkbox"/> Other _____ |

The approximate value of my/our promise will be \$ _____ or _____ % of my/our estate.

I/We confirm that I/we have made appropriate formal arrangements to ensure that my/our legacy gift will be accomplished according to my/our wishes. My/Our commitment is acknowledged within the following document:*

- | |
|--|
| <input type="checkbox"/> Bequest in Will or Trust |
| <input type="checkbox"/> Beneficiary of Retirement Plan Assets (IRA) |
| <input type="checkbox"/> Beneficiary of Life Insurance Policy |
| <input type="checkbox"/> Other (please describe) _____ |

*OPTIONAL: Please provide a copy of the pertinent pages to make sure that your wishes are met.

DONOR SIGNATURE

DATE

DONOR SIGNATURE

DATE

Providing the following optional information will help assure that your wishes are followed:

My/Our estate planning attorney is: _____	Phone: _____
My/Our financial planner is: _____	Phone: _____
Other (family member, executor, trustee) _____	Phone: _____



Please complete and return this form to any Northeastern New York Legacy Partner or:

Deborah Chapman Goldstein, Jewish Federation of Northeastern New York
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(518) 783-7800, ext. 230 | dgoldstein@jewishfedny.org | www.jewishfedny.org