

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 _____, STATE _____
NAME CITY

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 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:*

- Bequest in Will or Trust
- Beneficiary of Retirement Plan Assets (IRA)
- Beneficiary of Life Insurance Policy
- 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
 184 Washington Avenue Ext | Albany, NY 12203-5306
 (518) 783-7800, ext. 230 | dgoldstein@jewishfedny.org | www.jewishfedny.org