



LEGACY GIFT FORMALIZATION

I/We _____ confirm that I/we have legally provided for my/our commitment to the Jewish Federation of Greater Indianapolis Life and Legacy program for the benefit of the organizations listed below.

Address: _____

Phone: (____) ____ - ____ Email: _____

Signature(s): _____ Date: _____

Partner Organization(s)	Gift Vehicle	Estimated % or \$
<input type="checkbox"/> Chabad Lubavitch of Indiana	_____	_____
<input type="checkbox"/> Congregation Beth-El Zedeck	_____	_____
<input type="checkbox"/> Congregation B'nai Torah	_____	_____
<input type="checkbox"/> Congregation Shaarey Tefilla	_____	_____
<input type="checkbox"/> Etz Chaim Sephardic Congregation	_____	_____
<input type="checkbox"/> Hasten Hebrew Academy of Indianapolis	_____	_____
<input type="checkbox"/> Hillel Foundation at Indiana University	_____	_____
<input type="checkbox"/> Hooverwood Living	_____	_____
<input type="checkbox"/> Indianapolis Hebrew Congregation	_____	_____
<input type="checkbox"/> Jewish Community Center of Indianapolis	_____	_____
<input type="checkbox"/> Jewish Community Relations Council	_____	_____
<input type="checkbox"/> Jewish Family Services	_____	_____
<input type="checkbox"/> Jewish Federation of Greater Indianapolis	_____	_____
<input type="checkbox"/> PJ Library	_____	_____
<input type="checkbox"/> Other _____	_____	_____

We would appreciate a copy of the pertinent pages to make sure your wishes are met.

GIFT VEHICLE OPTIONS:

Bequest in a Will or Trust
 Life Insurance Policy
 Beneficiary of **Retirement Plan Assets**

Gifts of **Real Estate, Securities** or **property**
 Other (please specify)

All gifts will be treated as unrestricted endowment funds for the designated Life and Legacy partner organization(s) unless otherwise indicated below. Other options include special purpose or name endowments, Perpetual Annual Campaign Endowment (PACE), or Lion of Judah Endowment (LOJE).

I/we give my/our permission to share the financial information contained in this document with the organizations that I/we have designated.

“As my ancestors planted for me, so do I plant for those who will come after me.”
-TALMUD

OPTIONAL:

Please indicate if you plan to fulfill your legacy gift during your lifetime.

Please indicate any legacy gifts made to a partner organization prior to the beginning of the Life and Legacy program in August 2015.

Partner Organization(s)	Gift Vehicle	Estimated % or \$
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assistance to provide for my/our legacy commitment may be given by:

Estate planning attorney: _____ Phone: (____) ____ - _____
 Financial advisor: _____ Phone: (____) ____ - _____
 Other (family member, Executor, trustee): _____ Phone: (____) ____ - _____

Thank you for your commitment and generosity through the Life and Legacy program to ensure that Indianapolis will have a vibrant Jewish future for generations to come.



Life and Legacy is presented by the Jewish Federation of Greater Indianapolis in partnership with the Harold Grinspoon Foundation.

PLEASE COMPLETE & RETURN THIS FORM TO:
 Jewish Federation of Greater Indianapolis, 6705 Hoover Road, Indianapolis, IN 46260

The Jewish Federation of Greater Indianapolis is here to assist you in fulfilling your philanthropic goals. Contact Brian Hoffman at 317.726.5450 or bhoffman@jfgi.org or visit <https://www.jewishindianapolis.org/life-legacy> for more information.