

# LEGACY GIFT CONFIRMATION



Thank you for your promise to provide for future generations and assure the continuity of Jewish services and programs in Calgary. Please complete this form to confirm formalization of your legacy gift.

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

☐ Gift in Will   ☐ Gift from Retirement Plan Assets   ☐ Gift of Life Insurance

☐ Other (please specify) \_\_\_\_\_

*\*Please consider providing a copy of the pertinent pages to make sure that your wishes are met.*

**I/We confirm the organizations designated below will benefit from my/our Legacy gift. Please show the percentage or amount of your gift to each organization.**

\_\_\_\_\_ Akiva Academy

\_\_\_\_\_ Jewish Family Service Calgary

\_\_\_\_\_ Beth Tzedec Congregation

\_\_\_\_\_ Jewish Historical Society Southern Alberta

\_\_\_\_\_ Calgary JCC

\_\_\_\_\_ Temple B'nai Tikvah

\_\_\_\_\_ Calgary Jewish Federation

\_\_\_\_\_ The Calgary Jewish Academy

\_\_\_\_\_ Camp BB Riback

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ House of Jacob Mikveh Israel

Donor Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Donor Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

## Optional:

Estate Planning Attorney \_\_\_\_\_ Phone/Email \_\_\_\_\_

Financial Planner \_\_\_\_\_ Phone/Email \_\_\_\_\_

Other (Family Member/Executor/Trustee) \_\_\_\_\_ Phone/Email \_\_\_\_\_

Please complete and return this form to:

LIFE & LEGACY®

Attention: Diana Kalef, Calgary Jewish Federation, 1607 90 Avenue SW, Calgary, AB, T2V 4V7

403-444-3154 | dkalef@jewishcalgary.org