

# Legacy Gift Confirmation



To benefit future generations, I/we declare this commitment to assure the continuity of Jewish services and programs in Broward County and I/we affirm that I/we have made the following legal arrangements for my/our gift.

Salutation: (circle one) Mr/Mrs/Ms/Miss/Dr/Prof/Rabbi/Other: \_\_\_\_\_ Date: \_\_\_\_\_  
Donor (1) Name \_\_\_\_\_ DOB (m/d/yr) \_\_\_\_\_  
Donor (2) Name \_\_\_\_\_ DOB (m/d/yr) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_  
Alternative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## I/We intend for the following organization(s) to benefit from my/our Legacy gift:

Please show the % percentage or amount of your gift to each organization:

|  |   |
|--|---|
| _____ B'nai Aviv                                   | _____ Temple Bat Yam                    |
| _____ Brauser Maimonides Academy                   | _____ Temple Beth Emet                  |
| _____ David Posnack Jewish Community Center        | _____ Temple Beth Torah Sha'aray Tzedek |
| _____ David Posnack Jewish Day School              | _____ Temple Dor Dorim                  |
| _____ Hebrew Academy Community School              | _____ Temple Kol Ami Emanu-El           |
| _____ Holocaust Documentation and Education Center | _____ Young Israel of Hollywood         |
| _____ Jewish Federation of Broward County          | _____ Other: _____                      |

## My/Our commitment is within the following document:

You are encouraged to share a copy of the gift arrangement for record keeping.

\_\_\_\_\_ Gift in Will or Trust (can be percentage, residual, or specific amount)  
\_\_\_\_\_ Beneficiary of Retirement Plan, Administered by: \_\_\_\_\_  
\_\_\_\_\_ Beneficiary of Life Insurance Policy, Insurance Company: \_\_\_\_\_  
\_\_\_\_\_ Cash Endowment Gift  
\_\_\_\_\_ Gift that provides lifetime income (Charitable Gift Annuity or Charitable Remainder Trust)  
\_\_\_\_\_ Gift that provides income to heirs (Charitable Gift Annuity or Charitable Lead or Remainder Trust)  
\_\_\_\_\_ Real estate, Personal property, Securities, Specialty asset, Business Interest  
\_\_\_\_\_ Other: \_\_\_\_\_

## Attorney, Financial Advisor, Family member, Executor, or Trustee for my/our gift is:

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_  
Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Jewish Community Foundation of Broward County  
5890 S Pine Island Road, Davie, FL 33328  
Attn: Judy Levenson  
e-mail: [jlevenson@jewishbroward.org](mailto:jlevenson@jewishbroward.org)

For questions please contact Judy Levenson, Director, LIFE & LEGACY.  
954-660-2076, [jlevenson@jewishbroward.org](mailto:jlevenson@jewishbroward.org) or visit [jewishbroward.org](http://jewishbroward.org).

Neither the Jewish Federation of Broward County, Jewish Community Foundation nor the LIFE & LEGACY participating organizations are engaged in rendering legal or tax services. Individuals considering legacy gifts should obtain the services of a professional advisor.

Aug 2020