

## Legacy Gift Confirmation

I/We, \_\_\_\_\_ of (City, State) \_\_\_\_\_,  
confirm that I have legally provided for my commitment to the LIFE & LEGACY Program for the benefit of the  
following organization(s), (*check all that apply*):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Albert Einstein Residence Center | <input type="checkbox"/> Congregation B'nai Israel      | <input type="checkbox"/> Mosaic Law Congregation |
| <input type="checkbox"/> Chabad of Roseville              | <input type="checkbox"/> Hillel at Davis and Sacramento | <input type="checkbox"/> Shalom School           |
| <input type="checkbox"/> Chabad of Sacramento             | <input type="checkbox"/> Home of Peace                  | <input type="checkbox"/> Temple Or Rishon        |
| <input type="checkbox"/> Congregation Bet Haverim         | <input type="checkbox"/> Jewish Federation of the       | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Congregation Beth Shalom         | Sacramento Region                                       |  |

I have provided for this gift within my estate plan and confirm that I have made the appropriate legal arrangements to assure that this will be accomplished on or about the time of my passing. I have currently provided that my commitment is acknowledged within the following document (*check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> Bequest in my Will                     | <input type="checkbox"/> Beneficiary of a Retirement Plan |
| <input type="checkbox"/> Charitable Remainder Trust             | <input type="checkbox"/> Gift through JCFW                |
| <input type="checkbox"/> Beneficiary of a Life Insurance Policy | <input type="checkbox"/> Other _____                      |

### DONOR SIGNATURE:

X \_\_\_\_\_  
*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

X \_\_\_\_\_  
*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

### OPTIONAL:

I am pleased to be able to support the Jewish community through my legacy gift. The approximate value of my commitment will be \$ \_\_\_\_\_ or \_\_\_\_\_% of my/our estate.

I received guidance on my gift from the following professional adviser::

- ☐ Estate planning attorney  
☐ Financial planner  
☐ Other

\_\_\_\_\_  
*Name* \_\_\_\_\_ *Phone* \_\_\_\_\_



**If you have not already submitted confirmation of your legacy gift,**

**PLEASE COMPLETE & RETURN THIS FORM TO:**

Jewish Community Foundation of the West  
PO Box 660663 • Sacramento, CA 95866

JCFW is here to assist you in fulfilling your philanthropic goals. Contact us at  
**916-441-1613** or [director@jcfwest.org](mailto:director@jcfwest.org) or visit [www.JCFWest.org](http://www.JCFWest.org) for more information.