



Assuring JEWISH TOMORROWS

A program of the
HAROLD GRINSPOON
FOUNDATION

Date Received: _____

Donor Legacy Plan

My Promise:

It is with deep satisfaction and an abiding commitment to my community that I sign this declaration in order to provide for future generations and assure continuity of services and programs in our Jewish community. By creating my Jewish Legacy, I confirm my commitment to support the Jewish organization(s) that have been important to me in my life, to help them endure and thrive for future generations. While not a legal document, this commitment indicates my heartfelt promise to provide for the support of the Jewish charitable causes that are important to me.

Donor Information:

Name:

Birth date:

Address:

City, State, Zip:

Phone:

E-mail:

Formalization and Documentation:

- ____ I have already formalized and documented my Legacy Gift Plan but until now have not shared this information with the benefiting Jewish organization(s).
- I will formalize and document my Legacy Gift Plan within ____ months of signing this document.

Amount of Gift:

- The approximate value of my/our commitment will be \$_____ or ____% of my estate.
- ____ I prefer to keep the details of this commitment confidential.

Privacy Statement:

- ____ Intended beneficiaries may be notified of my legacy gift and of my name.
- ____ Intended beneficiaries may be notified of a legacy gift. However, I wish to remain anonymous.

(OVER PLEASE)

Authorization for use of name:

- ____ I permit my name and/or photograph to be included in materials, websites, and/or social media to inspire and encourage others to make commitments. I understand that while my name may be listed, the type and amount of the gift will remain strictly confidential.

My name should appear as: _____

- ____ I prefer to remain anonymous.

My/our commitment is to the following organizations:

Reflect on your priorities. What important programs, agencies or congregation do you want to support?

Please check the LIFE & LEGACY™ organization(s) that will benefit from your legacy gift:

- | | | |
|--|--|--|
| <input type="radio"/> Chabad of Virginia | <input type="radio"/> Richmond Jewish Foundation | <input type="radio"/> Rudlin Torah Academy |
| <input type="radio"/> Congregation Beth Ahabah | <input type="radio"/> Jewish Family Services | <input type="radio"/> Temple Beth-El |
| <input type="radio"/> Congregation Or Ami | <input type="radio"/> Keneseth Beth Israel | <input type="radio"/> Weinstein JCC |
| <input type="radio"/> Congregation Or Atid | <input type="radio"/> Jewish Community Federation
of Richmond | <input type="radio"/> Other _____ |

Signature:

I understand that my Jewish Legacy is not a legal obligation and may be changed at my discretion.

Name: _____

Date: _____

____ Please have a staff member contact me for a confidential conversation about my gift.

Neither the Richmond Jewish Foundation nor its LIFE & LEGACY™ partner agencies are engaged in rendering legal or tax advisory services. Individuals considering gifts to Richmond Jewish Foundation or its LIFE & LEGACY™ partner agencies should obtain the services of a financial advisor, such as an attorney, certified public accountant, and/or chartered life underwriter.

Please return this form to the community partner organization named above or mail to:

Attention: Miriam Zarin | Richmond Jewish Foundation | 5403 Monument Avenue | Richmond VA 23226

Admin Only: Year 1 | Year 2 | Year 3 | Year 4 / Org: _____ / Completed by: _____