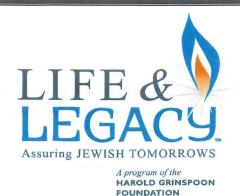
| Date Received: |  |
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|                |  |

(OVER PLEASE)



## 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 doc  | rumented my Legacy Gift Plan but until now have not |
| shared this information with the benefiti  |   |
|  | y Gift Plan within months of signing this           |
| document.  | ,   |
|  |   |
| Amount of Gift:  |   |
| • The approximate value of my/our comm   | nitment will be \$ or% of my estate.                |
| • I prefer to keep the details of this   | commitment confidential.                            |
| 1  |   |
| Privacy Statement:   |   |
| • Intended beneficiaries may be noti   | fied of my legacy gift and of my name.              |
| O A I I I I DESCRIPTION OF THE PROPERTY OF THE | fied of a legacy gift. However, I wish to remain    |
| anonymous.   | 0 / 0   |
|  | · *   |
|  |   |

| Authorization for use of nam  | e:   |  |
|---|--|--|
| media to inspire and encour   | d/or photograph to be included in ma<br>rage others to make commitments. I t<br>amount of the gift will remain strictly  | anderstand that while my name                          |
| My name should appear as:   |  |  |
| I prefer to remain and  | onymous.   |  |
| My/our commitment is to the Reflect on your priorities. What im   | ne following organizations:  portant programs, agencies or congre  | gation do you want to support?                         |
| Please check the LIFE & LEGAC   | YTM organization(s) that will benefit fr   | rom your legacy gift:                                  |
| <ul> <li>Chabad of Virginia</li> <li>Congregation Beth Ahabah</li> <li>Congregation Or Ami</li> <li>Congregation Or Atid</li> </ul> | <ul> <li>Richmond Jewish Foundation</li> <li>Jewish Family Services</li> <li>Keneseth Beth Israel</li> <li>Jewish Community Federation<br/>of Richmond</li> </ul>  | <ul><li>Temple Beth-El</li><li>Weinstein JCC</li></ul> |
|   | y is not a legal obligation and may be o   | changed at my discretion.  Date:                       |
| Please have a staff member co   | ontact me for a confidential conversat   | tion about my gift.                                    |
| rendering legal or tax advisory servits LIFE & LEGACY <sup>TM</sup> partner ag  | ndation nor its LIFE & LEGACY <sup>TM</sup> places. Individuals considering gifts to Rencies should obtain the services of a t, and/or chartered life underwriter. | Cichmond Jewish Foundation or                          |
|   | unity partner organization named above<br>Jewish Foundation   5403 Monument  | ,  |
| Admin Only: Year 1   Year 2   Year 3   Year Rev. 3/16   | r 4 / Org: / Comple  | ted by:  |