



The Foundation
OF THE JEWISH FEDERATION
OF GREATER ROCHESTER



LEGACY GIFT CONFIRMATION

I/We _____,
NAME(S)

of _____, _____, confirm that I/we have legally provided for my/our
CITY STATE

commitment to the **LIFE & LEGACY™** program for the benefit of the following organization(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> Britton Road Cemetery Association | <input type="checkbox"/> Jewish Community Center of Greater Rochester | <input type="checkbox"/> Talmudical Institute of Upstate New York |
| <input type="checkbox"/> Chabad Lubavitch | <input type="checkbox"/> Jewish Family Service of Rochester | <input type="checkbox"/> Temple Beth David |
| <input type="checkbox"/> Congregation Beth Sholom | <input type="checkbox"/> Jewish Federation of Greater Rochester | <input type="checkbox"/> Temple Beth El |
| <input type="checkbox"/> Derech HaTorah of Rochester | <input type="checkbox"/> Jewish Senior Life Foundation | <input type="checkbox"/> Temple B'rith Kodesh |
| <input type="checkbox"/> Hillel at the University of Rochester | <input type="checkbox"/> ORA Academy | <input type="checkbox"/> Temple Sinai |
| <input type="checkbox"/> Hillel Community Day School | | <input type="checkbox"/> Other _____ |

I/We confirm that I/we have made appropriate legal 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(s)*:

- | | | |
|---|---|---|
| <input type="checkbox"/> Gift in Will or Trust | <input type="checkbox"/> Beneficiary of Retirement Plan | <input type="checkbox"/> Other (please describe): _____ |
| <input type="checkbox"/> Beneficiary of Life Insurance Policy | <input type="checkbox"/> Cash Endowment Gift | _____ |

**Please provide a copy of the pertinent pages to make sure that your wishes are met (optional).*

I am/We are pleased to be able to support the Jewish community in Greater Rochester through my/our legacy gift. The approximate value of my/our total commitment will be \$ _____ or _____% of my/our estate; divided the following way: Equally among the organizations noted Other _____

DONOR SIGNATURE(S)

Donor Name: _____ Date: _____

Donor Name: _____ Date: _____

Address: _____

If you have not already submitted confirmation of your legacy gift, please complete and return this form to:

OPTIONAL (for further assistance)

My estate planning attorney is _____

Phone: _____ Email: _____

My financial planner is _____

Phone: _____ Email: _____

Other _____

Jewish Federation of Greater Rochester

Debbie Goldberg,
Chief Philanthropic Officer

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