



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

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