

# Legacy Gift Confirmation

To benefit future generations, I/we declare this commitment to assure the continuity of Jewish services and programs in Pittsburgh and I/we affirm that I/we have made the following legal arrangements for my/our gift.

Name(s): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### I/We intend for the following organization(s) to benefit from my/our legacy gift:

- |  |   |
|--|---|
| <input type="checkbox"/> Beth El Congregation of the South Hills       | <input type="checkbox"/> Jewish Residential Services                          |
| <input type="checkbox"/> Congregation Beth Shalom                      | <input type="checkbox"/> Kollel Jewish Learning Center                        |
| <input type="checkbox"/> Community Day School                          | <input type="checkbox"/> Mikvah - Jewish Women's League                       |
| <input type="checkbox"/> The Friendship Circle of Pittsburgh           | <input type="checkbox"/> National Council of Jewish Women, Pittsburgh Section |
| <input type="checkbox"/> Hillel Academy of Pittsburgh                  | <input type="checkbox"/> Rodef Shalom Congregation                            |
| <input type="checkbox"/> Holocaust Center of Pittsburgh                | <input type="checkbox"/> Temple Emanuel of South Hills                        |
| <input type="checkbox"/> Jewish Association on Aging                   | <input type="checkbox"/> Temple Ohav Shalom                                   |
| <input type="checkbox"/> Jewish Community Center of Greater Pittsburgh | <input type="checkbox"/> Temple Sinai   |
| <input type="checkbox"/> Jewish Family and Community Services          | <input type="checkbox"/> Yeshiva Schools of Pittsburgh                        |
| <input type="checkbox"/> Jewish Federation of Greater Pittsburgh       | <input type="checkbox"/> Other: _____   |

### My/Our commitment is within the following document (optional): (Please list amount or percentage.)

- Gift in will or trust (can be percentage, residual or specific amount)
- Beneficiary of retirement plan, Administered by: \_\_\_\_\_
- Beneficiary of life insurance policy, Insurance Company: \_\_\_\_\_
- Cash endowment gift
- Gift that provides lifetime income (charitable gift annuity or charitable remainder trust)
- Gift that provides income to heirs (charitable gift annuity or charitable lead or remainder trust)
- Real estate, personal property, securities, specialty asset, business interest
- Other: \_\_\_\_\_

### Attorney, financial advisor, family member, executor or trustee for my/our gift is:

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form to: Cheryl Johnson, 412-697-6656, [cjohnson@jfedpgh.org](mailto:cjohnson@jfedpgh.org)