



## Legacy Gift Confirmation/Formalization Form

I/We \_\_\_\_\_, of \_\_\_\_\_,  
(Name/s) (City) (State)

Confirm that I/we have legally provided for my/our commitment to the LIFE & LEGACY™ Program of the Greater Phoenix community for the benefit of the following organizations which will be held at the Jewish Community Foundation of Greater Phoenix (Tax ID # 47-0874376):

**LIFE & LEGACY COMMUNITY PARTNER ORGANIZATIONS (please check off all that apply):**  
*(If you prefer, you may fill out multiple copies of this form and give to each organization you designate)*

- Arizona Jewish Historical Society
- Congregation Or Tzion
- East Valley Jewish Community Center
- Hillel Jewish Student Center at ASU
- Jewish Federation of Greater Phoenix
- Jewish Family & Children’s Service
- Jewish Free Loan
- Minkoff Center for Jewish Genetics
- Pardes Jewish Day School
- Temple Chai
- Temple Emanuel of Tempe
- Temple Kol Ami
- Valley of the Jewish Community Center

***I/We affirm that I/we have made appropriate legal arrangements to assure that this will be accomplished according to my/our wishes. My/Our legacy gift in the approximate amount of \$ \_\_\_\_\_ or \_\_\_\_\_% has been acknowledged within the following document:\****

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

- Last Will & Testament or Living Trust
- IRA or other Retirement Plan—Administered By: \_\_\_\_\_
- Life Insurance Policy—Insurance Company: \_\_\_\_\_
- Fund established at the Jewish Community Foundation—Name & Type: \_\_\_\_\_

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- Charitable Remainder Trust/Charitable Lead Trust
- Charitable Gift Annuity (CGA)
- Real Estate or Business Interest
- Other (please describe): \_\_\_\_\_

**If you have not filled out a Declaration of Commitment form, please complete the following information in this box:**

**Please check all that apply:**

- I/We understand that this **commitment is revocable and may be modified at my/our discretion**. I/we endeavor to notify the recipient organization(s) accordingly.
- I/We understand that you will inform the **additional designated organization(s)** of this gift (if applicable).
- I/we would like to remain **anonymous** at this time.
- You have my permission to **recognize me/us publicly in all LIFE & LEGACY™ marketing materials** (without disclosing gift details).
- Please have a Jewish Community Foundation staff member contact me/us regarding **completing my/our page in the Endowment Book of Life**

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Names for Formal Recognition (unless otherwise note, couples listed as Wife & Husband Last Name)

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Street Address

City, State ZIP

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Home Phone

OR

Mobile Phone

Email

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Donor Signature

Date of Birth

Date

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Donor Signature

Date of Birth

Date

**OPTIONAL:** Assistance to provide for my legacy commitment given by (please designate adviser):

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My/Our estate planning attorney is:

Contact Information:

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My/Our financial planner is:

Contact Information:

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Other (family member, executor, trustee)

Contact Information:

**Please complete & return this form to:**

**Rachel Rabinovich**

Jewish Community Foundation of Greater Phoenix

12701 N. Scottsdale Road, Suite 202

Scottsdale, AZ 85254

480-481-1785 | [rrabinovich@jcfphoenix.org](mailto:rrabinovich@jcfphoenix.org)