LEGACY GIFT CONFIRMATION

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

Jewish Foundation OF GREATER NEW HAVEN

CREATE A JEWISH LEGACY GREATER NEW HAVEN

PART 1 OF 4

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Email _____

PART 2 OF 4

I/We intend for the following organization(s) to benefit from my/our Legacy gift (please show the percentage or amount of your gift to each organization):

- ☐ Jewish Federation of Greater New Haven (PACE)
- ☐ Temple Beth Tikvah
- ☐ Beth Israel Synagogue
- ☐ Westville Synagogue
- ☐ Congregation Mishkan Israel
- ☐ Temple Beth David
- ☐ Congregation Or Shalom
- ☐ Temple Beth Sholom
- ☐ Temple Emanuel
- ☐ Congregation Beth Shalom Rodfe Zedek
- ☐ Congregation B'nai Jacob
- ☐ Congregation Beth El-Keser Israel
- ☐ Orchard Street Shul
- ☐ Jewish Family Service
- ☐ Camp Laurelwood
- ☐ Towers at Tower Lane
- ☐ Ezra Academy
- ☐ Southern Connecticut Hebrew Academy
- ☐ Jewish Community Center of Greater New Haven
- ☐ UConn Hillel
- ☐ Jewish Cemetery Association of Greater New Haven
- ☐ Jewish Historical Society of Greater New Haven
- ☐ New Haven Mikveh Society
- ☐ Chabad of _____
- ☐ Other organizations: _____

_____

CONTINUES ON BACK

For more information, contact the Jewish Foundation of Greater New Haven

Lisa Stanger, Executive Director | (203) 387-2424, ext. 382 | lstanger@jewishnewhaven.org

Tamara Schechter, Create a Jewish Legacy Manager | (203) 387-2424, ext. 325 | tschechter@jewishnewhaven.org

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PART 3 OF 4 - OPTIONAL

My/Our commitment is within the following document (please list amount or percentage):

- ☐ Bequest/Will/Trust
- ☐ Life Insurance Policy (Administered by: _____)
- ☐ Charitable Trust or Annuity
- ☐ Current endowment gift of cash or stock
- ☐ IRA or other retirement designation (Insurance company: _____)
- ☐ Other (please specify) _____

PART 4 OF 4

Attorney, Financial Advisor, Family member, Executor, or Trustee for my/our gift is:

Name _____ Phone or Email _____

Donor Signature _____ Date _____

Donor Signature _____ Date _____

For more information, contact the Jewish Foundation of Greater New Haven

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