

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

Name(s): _____ City: _____ State: _____

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

I/We have provided for the following organization(s) to benefit from my/our Legacy gift:

(Please show the percentage or amount of your gift for each organization)

Organization: _____ Gift Amount: _____

Organization: _____ Gift Amount: _____

Organization: _____ Gift Amount: _____

Organization: _____ Gift Amount: _____

Organization: _____ Gift Amount: _____

My/Our commitment is acknowledged within the following document:

(Please provide a copy of the pertinent pages to ensure that your philanthropic wishes are followed)

_____ 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: _____

_____ Beneficiary of Donor Advised Fund

_____ Cash Endowment Gift

_____ Gift that provides lifetime income *(ex. Charitable Remainder Trust)*

_____ Real estate, Personal property, Securities, Business Interest

Please designate advisors who have provided assistance to your legacy commitment:

My/our estate planning attorney is: _____ Phone/Email: _____

My/our financial planner is: _____ Phone/Email: _____

Other (Executor/Trustee/Family Member): _____ Phone/Email: _____

PLEASE COMPLETE AND RETURN THIS FORM TO:

Beth Levin, (813) 769-4769, Beth@topjewishfoundation.org

TOP Jewish Foundation is here to assist you in fulfilling your philanthropic goals.

