

# LEGACY GIFT CONFIRMATION



Thank you for your promise to provide for future generations and ensure the continuity of services and programs in the Northeastern New York Jewish community. Please confirm the formalization of your legacy gift(s) by completing this form.

I/We \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_,  
NAME CITY STATE

confirm that I/we have provided for my/our promise to LIFE & LEGACY for the benefit of the following organization(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Congregation Agudat Achim                | <input type="checkbox"/> Jewish Family Services of Northeastern New York               |
| <input type="checkbox"/> Congregation Berith Sholom               | <input type="checkbox"/> Jewish Federation of Northeastern New York                    |
| <input type="checkbox"/> Congregation Beth Abraham-Jacob          | <input type="checkbox"/> Maimonides Hebrew Day School                                  |
| <input type="checkbox"/> Congregation Beth Emeth                  | <input type="checkbox"/> Robert and Dorothy Ludwig Schenectady Jewish Community Center |
| <input type="checkbox"/> Congregation Gates of Heaven             | <input type="checkbox"/> Sidney Albert Albany Jewish Community Center                  |
| <input type="checkbox"/> Congregation Ohav Shalom                 | <input type="checkbox"/> Temple Israel of Albany                                       |
| <input type="checkbox"/> Daughters of Sarah Community for Seniors | <input type="checkbox"/> Temple Sinai  |
| <input type="checkbox"/> Hebrew Academy of the Capital District   | <input type="checkbox"/> Other _____   |

The approximate value of my/our promise will be \$ \_\_\_\_\_ or \_\_\_\_\_ % of my/our estate.

I/We confirm that I/we have made appropriate formal arrangements to ensure that my/our legacy gift will be accomplished according to my/our wishes. My/Our commitment is acknowledged within the following document:\*

- Bequest in Will or Trust
- Beneficiary of Retirement Plan Assets (IRA)
- Beneficiary of Life Insurance Policy
- Other (please describe) \_\_\_\_\_

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

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DONOR SIGNATURE

\_\_\_\_\_  
DATE

Providing the following optional information will help assure that your wishes are followed:

My/Our estate-planning attorney is: \_\_\_\_\_ Phone: \_\_\_\_\_  
 My/Our financial planner is: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other (family member, executor, trustee) \_\_\_\_\_ Phone: \_\_\_\_\_



Please complete and return this form to any Northeastern New York Legacy Partner or:  
 Shoshie Brickman, Jewish Federation of Northeastern New York  
 184 Washington Avenue Ext | Albany, NY 12203-5306  
 (518) 783-7800, ext. 228 | sbrickman@jewishfedny.org | www.jewishfedny.org/life-and-legacy