

Legacy Gift Confirmation

Thank you for your promise to provide for future generations and assure the continuity of services and programs in the Baltimore Jewish community. We are asking all our donors to confirm the legal formalization of their legacy gifts by completing this form.

I/We _____, of _____,
NAME CITY STATE

confirm that I/we have provided for my/our promise to The Associated for the benefit of the following areas of focus:

- | | | |
|--|---|---|
| <input type="checkbox"/> Unrestricted Endowment | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Annual Campaign Endowment (ACE) | <input type="checkbox"/> Abuse & Trauma | <input type="checkbox"/> Arts & Culture |
| <input type="checkbox"/> Lion of Judah Endowment (LOJE) | <input type="checkbox"/> Jewish Education | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Senior Adults | <input type="checkbox"/> Jewish Camp | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Day Schools | <input type="checkbox"/> Associated Agency |
| <input type="checkbox"/> Mental Health & Addiction | <input type="checkbox"/> Israel | _____ |

The approximate value of my/our promise will be \$ _____ or _____ % of my/our life insurance, retirement or estate.

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

- | | |
|--|---|
| <input type="checkbox"/> Bequest in Will or Trust | <input type="checkbox"/> Beneficiary of Life Insurance Policy |
| <input type="checkbox"/> Beneficiary of Retirement Plan Assets (IRA) | <input type="checkbox"/> Other (describe) _____ |

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

Donor Signature(s) _____ Date _____

Donor Signature(s) _____ Date _____

My/Our estate planning attorney is: _____ Phone: _____

My/Our financial planner is: _____ Phone: _____

Other (family member, executor, trustee): _____ Phone: _____

Permission to List

To encourage others to make commitments to the future, I/we permit my name to be listed as follows:

- I/We wish to remain anonymous at this time.

CONTACT INFORMATION

PLEASE RETURN THE COMPLETED FORM to The Associated: Jewish Federation of Baltimore, Inc., 101 W. Mount Royal Avenue, Baltimore, MD 21201, Attn: Itael Toibman, Director of Endowment Development. You can also scan and email the form to itoibman@associated.org. For any questions, please contact us at 410-369-9240.

