



LEGACY GIFT CONFIRMATION

Thank you for your promise to provide for future generations and assure the continuity of Jewish services and programs in Western NY. Please complete this form to confirm formalization of your gift.

I/We affirm that I/we have made the following legal arrangements for my/our gift.

Name(s): _____ Date(s) of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I/We intend for the following to benefit from my/our Legacy gift.

Please indicate the amount or percentage of your gift to each agency/organization below:

_____ **Buffalo Jewish Federation***

- _____ Campaign for Jewish Buffalo
- _____ LiNK/Center for Jewish Engagement and Learning
- _____ Holocaust Education Resource Organization
- _____ Jewish Community Relations Council
- _____ Jewish Federation Cemetery Corporation
- _____ Other: _____

_____ **Center for Jewish Life***

- _____ **Congregation Shir Shalom***
- _____ **Foundation for Jewish Philanthropies***
- _____ **Hillel of Buffalo***

_____ **Jewish Community Center***

- _____ Camp Centerland
- _____ Cultural Arts
- _____ Early Childhood Center
- _____ Jewish Repertory Theatre
- _____ Other: _____

_____ **Jewish Discovery Center***

- _____ **Jewish Family Services of WNY***
- _____ **Kadimah Scholars***
- _____ **Temple Beth Tzedek***
- _____ **Temple Beth Zion***
- _____ Other: _____

*Official participant in LIFE & LEGACY®

BuffaloJewishFederation



FOUNDATION FOR
JEWISH PHILANTHROPIES



My/Our commitment is within the following document(s) (please attach documents when you submit this form):

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: _____

Policy number: _____ Insurance Agent: _____

Cash Endowment Gift

Gift that provides lifetime income

Gift that provides income to heirs

Real estate, Personal property, Securities, Specialty asset, Business Interest

Other _____

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

Name: _____

Phone or Email: _____

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Please return this form to: Foundation for Jewish Philanthropies,

Attn: LIFE & LEGACY® Program, 2640 North Forest Rd., Suite 200, Getzville, NY 14068

Questions? Contact Linda Barat at 716-204-2259 | Linda@jewishphilanthropies.org

The Foundation of Jewish Philanthropies is here to assist you in fulfilling your philanthropic goals.

BuffaloJewishFederation



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