## **Legacy Gift Confirmation**

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

Name:	City:	Province:
Donor Signature:	Date:	
Donor Signature:	Date:	

## 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:

 _ Camp B'Nai Brith	<u> </u>	Kehillat Beth Israel
 _ Congregation Machzikei Hadas		Ottawa Jewish Community School
 _ Hillel Lodge LTC Foundation		Ottawa Torah Centre Chabad
 _ JET (Jewish Education through Torah)		Soloway Jewish Community Centre
 _ Jewish Family Services		Tamir
 _ Jewish Federation of Ottawa		Temple Israel
 _ Jewish Memorial Gardens		Torah Day School of Ottawa
Other(s):		

## **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:
- \_\_\_\_ Donor Advised Fund
- \_\_\_\_ Cash Endowment Gift
- \_\_\_\_\_ Gift that provides lifetime income (Charitable Gift Annuity or Charitable Remainder Trust)
- \_\_\_\_\_ Real estate, Personal property, Securities, Specialty asset, Business Interest
- Other: \_\_\_\_\_

The Estate Attorney, Financial Planner/Advisor, Family member, Executor, Trustee for my/our gift is:

Name: \_\_\_\_\_

Phone or Email:



The Ottawa Jewish Community Foundation is here to assist you in fulfilling your philanthropic goals. Contact: Micah Garten, mgarten@jewishottawa.com, 613-798-4696 x270

