



Date Received: \_\_\_\_\_

## Donor Legacy Plan

### My Promise:

It is with deep satisfaction and an abiding commitment to my community that I sign this declaration to provide for future generations and assure continuity of services and programs in our Jewish community. By creating my Jewish Legacy, I confirm my commitment to support the Jewish organization(s) that have been important to me in my life, to help them endure and thrive for future generations. While not a legal document, this commitment indicates my heartfelt promise to provide for the support of the Jewish charitable causes that are important to me.

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### Donor Information:

Name:

Birth date:

Address:

City, State, Zip:

Phone:

E-mail:

### Formalization and Documentation:

- \_\_\_\_ I have already formalized and documented my Legacy Gift Plan but until now have not shared this information with the benefiting Jewish organization(s).
  - I will formalize and document my Legacy Gift Plan within \_\_\_\_ months of signing this document. *(please fill in 12-months or less to qualify for LIFE & LEGACY™ program).*
  - My professional advisor is: \_\_\_\_\_
  - \_\_\_\_ Please have a staff member contact me for a confidential conversation about my gift.
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### Amount of Gift:

- The approximate value of my/our commitment will be \$\_\_\_\_\_ or \_\_\_\_% of my estate.
  - \_\_\_\_ I prefer to keep the details of this commitment confidential.
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### Privacy Statement:

- \_\_\_\_ Intended beneficiaries may be notified of my legacy gift and of my name.
  - \_\_\_\_ Intended beneficiaries may be notified of a legacy gift. However, I wish to remain anonymous to the beneficiaries.
- (OVER PLEASE)*

**Authorization for use of name:**

- \_\_\_\_ I permit my name and/or photograph to be included in materials, websites, and/or social media to inspire and encourage others to make commitments. I understand that while my name may be listed, the type and amount of the gift will remain strictly confidential.

My name should appear as: \_\_\_\_\_

- \_\_\_\_ I prefer to remain anonymous to the public.
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**My/our commitment is to the following organizations:**

Reflect on your priorities. What important programs, agencies or congregation do you want to support?

Please check the LIFE & LEGACY™ organization(s) that will benefit from your legacy gift:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Chabad of Virginia       | <input type="radio"/> Richmond Jewish Foundation                 | <input type="radio"/> Rudlin Torah Academy |
| <input type="radio"/> Congregation Beth Ahabah | <input type="radio"/> Jewish Family Services                     | <input type="radio"/> Temple Beth-El       |
| <input type="radio"/> Congregation Or Ami      | <input type="radio"/> Keneseth Beth Israel                       | <input type="radio"/> Weinstein JCC        |
| <input type="radio"/> Congregation Or Atid     | <input type="radio"/> Jewish Community Federation<br>of Richmond | <input type="radio"/> Other _____          |
- 

**Signature:**

I understand that my Jewish Legacy is not a legal obligation and may be changed at my discretion.

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

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Neither the Richmond Jewish Foundation nor its LIFE & LEGACY™ partner agencies are engaged in rendering legal or tax advisory services. Individuals considering gifts to Richmond Jewish Foundation or its LIFE & LEGACY™ partner agencies should obtain the services of a financial advisor, such as an attorney, certified public accountant, and/or chartered life underwriter.

Please return this form to the community partner organization named above or mail/email to:

Lauren Plotkin | Richmond Jewish Foundation | 5403 Monument Avenue | Richmond, VA 23226 | [lauren@rjfoundation.org](mailto:lauren@rjfoundation.org)

Admin Only: Year 1 | Year 2 | Year 3 | Year 4 / Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 /

Org: \_\_\_\_\_ / Completed by: \_\_\_\_\_ Rev. 3/17