



Confirmation of Commitment

In the tradition of our faith, I/we inform *(name of organization)* _____ that I/we have made a provision for a legacy gift. I/we understand that this commitment is revocable and can be modified at any time.

It is my/our desire that the following community partner organization(s) also benefit from my/our gift.

- Charlotte Jewish Day School
- Charlotte Jewish Preschool
- Congregation Ohr Hatorah
- Foundation of Shalom Park
- Foundation for the Charlotte Jewish Community
- Hebrew Cemetery Association
- Jewish Family Services
- Jewish Federation of Greater Charlotte
- Levine Jewish Community Center
- Temple Beth El
- Temple Israel
- Other _____

My/our legacy gift in the approximate amount of *(optional)* _____ to the Charlotte Jewish Community was completed through (check one):

- Bequest/Will
- Retirement Plan Assets (IRA)
- Real Estate or Business Interest
- Life Insurance
- Charitable Remainder Trust
- Other _____

NAME DATE OF BIRTH

ADDITIONAL NAME DATE OF BIRTH

NAME(S) FOR FORMAL RECOGNITION (JOHN & JANE DOE, JOHN DOE & JANE "SMITH" DOE, ETC.)

ADDRESS

CITY, STATE, ZIP

HOME PHONE MOBILE PHONE

EMAIL ADDRESS

- You have my/our permission to share my/our legacy commitment with the designated organizations.
- I/we would like my/our gift to remain anonymous at this time.
- You have my/our permission to recognize me/us in the Book of Life.
- Please have a FCJC staff member contact me/us for a confidential conversation regarding my/our legacy gift.

I/we understand that this commitment does not create a legal obligation and may be modified at my/our discretion.

DONOR SIGNATURE DATE

ADDITIONAL DONOR SIGNATURE DATE

Please return this Commitment form to the community partner organization named above or mail to the Foundation for the Charlotte Jewish Community at 220 North Tryon Street, Charlotte, NC 28202. Attention: Nancy Kipnis Telephone: 704.973.4554



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