



A FCJC Program

It is my/our desire that the following organization(s) benefit from my/our gift. **If more than one, please include a check mark on the appropriate line:**

- ☐ Chabad of Charlotte
☐ Charlotte Jewish Day School
☐ Charlotte Jewish Preschool
☐ Foundation of Shalom Park
☐ Foundation for the Charlotte Jewish Community
☐ Friendship Circle
☐ Hebrew Cemetery Association
☐ Jewish Family Services
☐ Jewish Federation of Greater Charlotte
☐ Levine Jewish Community Center
☐ Moishe House
☐ Temple Beth El
☐ Temple Israel
☐ ZABS Place
☐ Other _____

Please return this Commitment form to:

Foundation for the Charlotte Jewish Community
220 North Tryon Street
Charlotte, NC 28202
Attention: Abby Kleber

Telephone: 704.973.4554

Submit form via email to:
akleber@charlottejewishfoundation.org

Life & Legacy
ASSURE JEWISH TOMORROWS

Support for **Create Your Jewish Legacy** Comes from **Life & Legacy**, funded by the Harold Grinspoon Foundation

Confirmation of Commitment

In the tradition of our faith, I/we have made a provision for a legacy gift to the Jewish Community.

I/we understand that this commitment is revocable and can be modified at any time.

My/our legacy gift (which includes the organizations marked) is in the amount of (please estimate) _____ (amount will be kept confidential) and was completed through (check one):

- | | |
|---|---|
| <input type="checkbox"/> Bequest/Will | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Retirement Plan Assets (IRA) | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Real Estate or Business Interest | <input type="checkbox"/> Other |

NAME

DATE OF BIRTH

ADDITIONAL NAME

DATE OF BIRTH

NAME(S) FOR FORMAL RECOGNITION (EX. "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 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