

I/We	, of,			
Name	City State			
confirm that I/we have legally provided for my/our com of South Palm Beach County program for the benefit or				
CREATE A JEWISH LEGACY / LIFE & LEGACY™ PARTICIPANTS				
Adolph & Rose Levis Jewish Community Center	O Jewish Federation of South Palm Beach County			
Boca Raton Synagogue	Katz Hillel Day School of Boca Raton			
Congregation Shaarei Kodesh	Katz Yeshiva High School			
O Donna Klein Jewish Academy	<ul> <li>Ruth &amp; Norman Rales Jewish Family Services</li> </ul>			
Jewish Association for Residential Care	Temple Beth El of Boca Raton			
CREATE A JEWISH LEGACY ORGANIZATIONS				
B'nai Torah Congregation	Jewish Education Center of South Florida			
Congregation B'nai Israel	O Torah Academy of Boca Raton			
Hillel of Broward and Palm Beach	Other, non-Create a Jewish Legacy organization			
	(please describe)			
I/We confirm that I/we have made appropriate legal arrangements to assure that my/our legacy gift will be accomplished according to my/our wishes. My/Our commitment is acknowledged within the following document(s):*				
* Please provide a copy of the pertinent pages to make sure that your wishes are met.				
Bequest in Will	Charitable Remainder Trust			
Beneficiary of a Life Insurance Policy:	Charitable Lead Trust			
Insurance Company	Cash Endowment Gift			
Beneficiary of a Retirement Plan:	Other			
Administered by	(please describe)			









## LEGACY GIFT CONFIRMATION continued...

I am/We are pleased to be able to support the Jewish community in South Palm Beach County through my/our legacy gift.				
The approximate value of my/our commitment will be \$		or	% of my/our estate.	
I understand that this legacy gift confirmation	on form is not a legally binding agreeme	ent and may be amende	ed or modified by me at anytime	
Donor Signature:	Print Name:		Date:	
Donor Signature:	Print Name:		Date:	
<b>Optional:</b> Assistance to provide for	r my legacy commitment given	by (please desigr	aate adviser):	
My/Our estate planning attorney is:		Contact I	Contact Information:	
My/Our financial planner is:		Contact Information:		
Other (family member, executor, tru	stee):	Contact I	nformation:	
If you have not already submitted confir to the organization(s) to which you a		omplete & return t	his form	
Jewish Federation of South Palm Beac 9901 Donna Klein Blvd, Boca Raton, FL	-			

For questions please contact Lottie Nilsen, Director of Foundation Community Development, 561-852-3109, lottien@bocafed.org or visit jewishboca.org/cjl.



Attn: Lottie Nilsen



