

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

Name: _____ City: _____ State: _____

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:**

- | | |
|--|--|
| _____ Beth Jacob Congregation | _____ JewishColumbus [Please select option(s) below] |
| _____ Chabad Columbus | _____ Annual Campaign |
| _____ Columbus Community Kollel | _____ Columbus Jewish Foundation |
| _____ Columbus Jewish Day School | _____ JCC of Greater Columbus |
| _____ Columbus Jewish Historical Society | _____ Jewish Family Services |
| _____ Columbus Torah Academy | _____ Kehilat Sukkat Shalom |
| _____ Congregation Agudas Achim | _____ Ohio State Hillel |
| _____ Congregation Ahavas Sholom | _____ Temple Beth Shalom |
| _____ Congregation Beth Tikvah | _____ Temple Israel |
| _____ Congregation Tifereth Israel | _____ Wexner Heritage Village |
| _____ Congregation Torat Emet | _____ Other: _____ |

My/Our commitment is acknowledged within the following document: **(please list amount or percentage)**

- _____ Gift in your Will or Trust (can be percentage, residual, or specific amount)
- _____ Beneficiary of Retirement Plan, Administered by: _____
- _____ Beneficiary of Life Insurance Policy, Insurance Company: _____
- _____ Cash Endowment Gift
- _____ Gift that provides lifetime income (Charitable Gift Annuity or Charitable Remainder Trust)
- _____ Gift that provides income to heirs (Charitable Gift Annuity or Charitable Lead or Remainder Trust)
- _____ Real estate, Personal property, Securities, Specialty asset, Business Interest
- _____ Other: _____

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

Name: _____ Phone or Email: _____

PLEASE COMPLETE AND RETURN THIS FORM TO:

**Lori Maier Wishne, Senior Foundation Director, lori@jewishcolumbus.org
JewishColumbus is here to assist you in fulfilling your philanthropic goals.**