



Leave a
Jewish Legacy

Bequest Intention Transmittal Form

Date Received: _____

Agency/Synagogue: _____

Form Completed By: _____

Donor Name(s): _____

Address: _____

Home Business Seasonal

Phone: (Home) _____ (Business) _____

Fax: _____ Email: _____

Professional Advisor: _____

TYPE OF BEQUEST:

- A PERCENTAGE OF ESTATE
- THE RESIDUE OF ESTATE
- LIFE INSURANCE
- UNKNOWN
- A SPECIFIC DOLLAR AMOUNT
- A SPECIFIC ITEM OF VALUE
- RETIREMENT PLAN PROCEEDS

AMOUNT OF BEQUEST: THE APPROXIMATE VALUE OF BEQUEST WILL BE: \$ _____ **OR**

- OVER \$500,000
- \$250,000 TO \$499,999
- UNKNOWN
- \$100,000 TO \$249,999
- \$50,000 TO \$99,999
- \$25,000 TO \$49,999
- UNDER \$25,000

CHARITABLE USE:

- NO RESTRICTION ON USE BY ORGANIZATION
- BEQUEST RESTRICTED FOR THE FOLLOWING PURPOSES: _____

- UNKNOWN

DONOR RECOGNITION:

- DONOR WISHES TO BE ACKNOWLEDGED PUBLICLY BY THE JEWISH COMMUNITY FOUNDATION FOR HIS OR HER LEGACY COMMITMENT
- DONOR REQUESTS ANONYMITY