

contact us for more information.

Create a Jewish Legacy LEGACY GIFT CONFIRMATION



I/We	, of	,, confirm that I/we
Name(s)	City	State
		wish Legacy Program of Orange County, California for
the benefit of the following	g local institutions:	
I wish to support the follow	ving Orange County institution	ons: (check all that apply)
Beth Jacob Congregation of Irvine		Merage Jewish Community Center
Community Scholar Program		Tarbut V'Torah
Congregation B'nai Israel		Temple Bat Yahm
Hebrew Academy		Temple Beth El of South Orange County
Heritage Pointe		University Synagogue
Jewish Federation &	Family Services OC	Other
to ensure this will be accom	plished on or about the time	onfirm I have made the appropriate legal arrangements of my passing (or I have already funded a permanent itment is acknowledged within the following
Bequest in my will o	r trust	Life Insurance Policy
Remainder of IRA and other retirement plan		Charitable Remainder Trust
	ecurities or other property	Donor Advised Fund
Charitable Gift Annu	• • • •	Endowment already funded during lifetime
OPTIONAL: Assistance to pr	ovide for my legacy commitn	nent (please designate adviser):
My estate planning attorney is:		•
Donor name(s):		
Address:		
City/State/Zip:		
Phone:	Email:	
Signed		 Date
Signed		Date
Signed		Date
o , .	sored and presented by the Jew al agencies, synagogues and day	vish Community Foundation of Orange County and is a schools listed above.
The Jewish Community Found	ation's professional staff is here	e to assist you in fulfilling your philanthropic goals. Please

If you have not already submitted confirmation of your legacy gift, PLEASE COMPLETE AND RETURN TO: