

## **LEGACY GIFT CONFIRMATION**

/We		,of	STATE
confirm that I/we provided for my/our commitment to the Create a Jewish Legacy Program of Milwaukee, Wisconsin for the benefit of the following local institutions			
appropriate arrangements	to ensure this will be accor	plan and confirm that I/we han plished on or about the time of the following the follo	of my passing.
<ul> <li>□ Bequest in will or trust</li> <li>□ IRA or other retirement plan</li> <li>□ Gift of real estate, securities or other property</li> </ul>	<ul><li>☐ Endowment funded during lifetime</li><li>☐ Life Insurance Policy</li><li>☐ Donor Advised Fund</li></ul>	☐ Other	
	be able to support the	Milwaukee Iewish comm	
		alue of my/our commitme	ent will be
through my legacy g	gift. The approximate v		
through my legacy g	gift. The approximate v	alue of my/our commitme	
through my legacy g	gift. The approximate v	alue of my/our commitme% of my/our estate	e <b>.</b>
\$	print	alue of my/our commitme% of my/our estate	DATE  DATE
\$ IGNED  OPTIONAL: Assistar	PRINT  print  print  nce to provide for my legacy of	alue of my/our commitme% of my/our estate NAME	DATE  DATE  dvisor):
\$ GENED  OPTIONAL: Assistar  My estate planning attorney i	PRINT  PRINT  print  print  ce to provide for my legacy of states.	NAME  Tommitment (please designate a	DATE  DATE  dvisor):
\$ IGNED  OPTIONAL: Assistar  My estate planning attorney i  Phone/email:	PRINT  PRINT  nce to provide for my legacy of states:	NAME  Tommitment (please designate a	DATE  DATE  dvisor):

