







Thank you for your promise to provide for future generations and ensure the continuity of services and programs in Greater Ann Arbor's Jewish community. We ask all our donors to confirm the formalization of their legacy by completing this form.

| onor Email | Donor Phone |
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| onor Signature | Date |
| onor Signature | Date |
| I/We intend for the following community organi | zation(s) to benefit from my/our Legacy gift: |
| Ann Arbor Orthodox Minyan Beth Israel Congregation Chabad House of Ann Arbor Eastern Michigan University Center for Judaic Studies Hebrew Day School of Ann Arbor Jewish Community Center of Greater Ann Arbor | Jewish Cultural SocietyJewish Family Services of Washtenaw CountyJewish Federation of Greater Ann ArborTemple Beth EmethUniversity of Michigan HillelOther: |
| My/Our commitment is within | the following document(s): |
| Gift in Will or Trust (can be percentage, residual, or specific amount) | |
| Beneficiary of Retirement Plan, Administered by | · <u></u> |
| Beneficiary of Life Insurance Plan, Insurance Cor | mpany: |
| Cash Endowment Gift | |
| Real Estate, Personal Property, Securities, Specia | alty Asset, Business Interest |
| Other: | |
| If available, please provide a copy of the pertinent page to make sure your wishes are met. | |
| Attorney, Financial Advisor, Family Member, Executor, or Trustee for my/our gift is: | |
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Support for LIFE &LEGACY is provided by the Harold Grinspoon Foundation and the Jewish Federation of Greater Ann Arbor.

Please send this form with attention to: LIFE & LEGACY Manager, 2939 Birch Hollow Dr. Ann Arbor, MI 48108 or email to legacy@jewishannarbor.org