

Jackson Hole Jewish Community Planned/Legacy Gift Notification Form

I am/We are pleased to notify the Jackson Hole Jew	ish Communit	y of my/our planned/leg	acy gift and wish
for the information below to be kept on file at the JH	IJC:		
Name(s):			
Address:			
City:	State:	Zip:	
Please list me/us in JHJC materials as:			
or Anonymous			
I/We have provided for the JHJC as follows (check a	ppropriate bo	xes):	
☐ Charitable bequest:			
☐ Specific Amount			
☐ Percentage			
☐ Whatever's left over (residual)			
☐ If all heirs are deceased (contingent)			
☐ Charitable Remainder Trust			
☐ Retirement Plan Designation			
☐ Insurance Policy Designation			
☐ Pooled Income Fund Account			
□ Other			
Estimated Gift Value (optional):			
Name of person or entity responsible for transfer:			
Phone number of same:			
Unless otherwise designated, legacy gifts are directed			•
Endowment Fund. I/We understand that this letter is any time.	is not legally b	oinding and can be withd	:awn or altered at
Signed:	D	ate:	

Please mail your completed form to: Jackson Hole Jewish Community, P.O. Box 10667, Jackson, WY 83002 or email to: info@jhjewishcommunity.org