



## Legacy Giving Donor Form

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Optional: 2nd person first name: \_\_\_\_\_

Optional: 2nd person last name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Your street address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Home (optional): \_\_\_\_\_

If you are making a legacy gift:

\_\_\_\_ I/We give permission to include my/our names in information about the Legacy Circle.

\_\_\_\_ I/We prefer my/our gift to remain anonymous.

Thank you for your Legacy Gift to Kerem Shalom! Your gift will help ensure that our community will thrive for generations to come.