



## Legacy Giving Contact 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): \_\_\_\_\_

Please select one of these three options:

1. \_\_\_\_\_ I/we would like to have a conversation to learn more about Legacy Giving at Kerem Shalom.
2. \_\_\_\_\_ I/we would like to discuss making provisions in my/our estate plan for a Legacy Gift to Kerem Shalom.
3. \_\_\_\_\_ I/We have already made provisions My/our estate plans for a Legacy Gift to Kerem Shalom.

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