



## *Ner Shalom Legacy Circle Gift Pledge Form*

This form recognizes my / our intent to support Ner Shalom by leaving a legacy gift through a:

- Will  
  Living Trust  
  Retirement Plan Assets  
  Life Insurance Policy  
 Other \_\_\_\_\_

For Ner Shalom's long-term purposes only, I / we estimate today's current value of the gift to be approximately \$\_\_\_\_\_.

***Note: Providing this amount is optional.***

I / we understand that my / our estate is not legally bound by this statement, and we may choose to add, subtract, or revoke this bequest at any time, at our sole discretion.

***Note: Ner Shalom would greatly appreciate your updating us of any future changes.***

- I / we agree to have our name(s) included on lists of legacy donors as motivation for others to make legacy gifts.

***Note: The amount of your gift will not be published and will remain confidential.***

- Do not include my / our name(s) on list of legacy donors.

Name _____ Address _____ City _____ State ____ Zip _____ Phone _____ Email _____ Donor Signature _____ Date of birth _____ Today's date _____	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____ Email _____ Donor Signature _____ Date of birth _____ Today's date _____
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*Information you may need for your documents:*  
 Our legal name: Sonoma County Synagogue Center  
 Employer Identification Number ("EIN"): 94-2832498S