



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 I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. *Note: Ner Shalom would greatly appreciate your updating us of any future changes.*

Unless otherwise noted, I/we understand that my/our legacy donation will be put to good use at the discretion of the Ner Shalom Board of Directors. Legacy donations over \$10,000 will balance support for community members in need (5% to Rabbi's Discretionary Fund), immediate congregational needs (20% into the general fund), and long-term growth and stability of our community (75% invested for income and/or future needs). If you wish all or part of your donation to be used for a specific purpose, please note that here:

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Note: The amount of your gift will not be published and will remain confidential.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 the list of legacy donors.

Name _____	Name _____
Address _____	Address _____
City _____ State ___ Zip _____	City _____ State ___ Zip _____
Phone _____	Phone _____
Email _____	Email _____
Donor Signature _____	Donor Signature _____
Date of birth _____	Date of birth _____
Today's date _____	Today's date _____

Our legal name: *Sonoma County Synagogue Center*

Employer Identification Number ("EIN"): 94-28324985

QUESTIONS? Please contact Elaine Leeder, 707-318-3181, lonepine44@gmail.com

Please print out and return to: Congregation Ner Shalom, 85 La Plaza,
Cotati, CA 94931