



JEWISH LEGACY SOCIETY COMMITMENT FORM

The Jewish Legacy Society was established to honor those individuals who are dedicated to securing a strong Jewish community by remembering Chabad of Solano County in their will.

Please indicate the type of gift you would like to create:

- Bequest in My Will
 Retirement Account
 Gift of Life Insurance
 Other: _____
 I am leaving a percentage of my estate: _____
 My legacy gift is in the amount of: _____
 I prefer not to disclose my gift amount.
 You may recognize me as a member of the Jewish Legacy Society and permit my name to be listed to encourage others. My/Our name should appear as: _____
 I prefer to remain anonymous.

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Signature(s) _____ Date: _____

*For more information, please contact Rabbi Chaim Zaklos
at 707 592 5300 or email Solonorabbi@gmail.com.
www.jewishSolano.com/legacy*