



TEMPLE ETZ RIMON

A Reform Synagogue in the Heart of Coastal North County
CARLSBAD, CALIFORNIA

Become A Member of Our Legacy Society

Name: _____ DOB: _____

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I/we have remembered Temple Etz Rimon in my/our estate plans as follows:

I/we have named Temple Etz Rimon in my/our will.

I/we have named Temple Etz Rimon as a beneficiary in any of the following:

IRA, pension, or other retirement account

Life insurance policy

Charitable Remainder Trust Living Trust

Other (please specify) _____

Optional

I/we wish to inform Temple Etz Rimon, for long-term planning purposes only, that as of this date, the value of my/our gift is: \$_____. * (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.) I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion. (Temple Etz Rimon would appreciate notification any time you make changes or adjustments to your gift.)

Recognition Options for Temple Etz Rimon Legacy Society Donors

All donors who inform TER that they have included the Temple in their estate plans are enrolled in the Temple Etz Rimon Legacy Society. We will publish your name(s) only if you indicate for us to do so.

Feel free to publish my/our name(s) among your lists of Legacy Society members as a motivation to others to leave an estate gift to benefit the Temple Etz Rimon. I/we wish my/our name(s) to appear as:

I/we would like for my/our gift to remain anonymous.

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

*We will not publish your estimated gift amount. It is also helpful for us to have on file any supporting documentation, which you may be able to share with us. Please attach if possible.

Please return your completed form to the temple.