

## **Legacy Giving Campaign**

First and last name(s)	
Street address	
City, state, and zip code	
Email address(es)	
Phone number(s)	
Please indicate the following:	
Name as you wish it to ap	nclude my name in <i>NIF Legacy Giving Campaign</i> listings.  pear:
OR  ☐ I prefer to remain anonym	ous.
☐ To aid NIF with record-kee make a legacy gift: ☐ Will or trust ☐ IRA beneficiary des ☐ Other:	eping and planning, please indicate the method(s) by which you intend to signation
	or estimated value, of your intended legacy gift: Fund report on the size of the campaign.)
•	providing us with a copy of the relevant portions of your will, trust, or a, this will aid our tracking efforts and help to ensure that your legacy is our intent.
This involves providing a t	extement for NIF's collection of legacy testimonies.  ext and photo (if desired) describing the reasons you have included  f you are interested, we will contact you with details.
Signature	Date
Please return to: Becky Buckwald, Chief Planned Giving Officer	

**New Israel Fund** 

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