

Moreshet Ramah (מורשת רמה) Legacy Society Legacy Gift Confirmation

l,	, of	,confirm that I
(First Name, Middle Initial, Last Name have provided for a legacy gift to be their Tikvah programs.		(State) Poconos, Ramah Day Camp, and
	about the time of my pass	the appropriate arrangements to ensure sing. This Legacy Gift Confirmation is no time.
My commitment is acknowledged w	ithin the following docum	nent (please choose one):
Bequest in Will Beneficiary of a Life Insuran Beneficiary of a Retirement	nce PolicyCharita	ble Remainder Trust ble Lead Trust ndowment Gift (Cash, securities, etc.)
Other (please describe):		
programs through this legacy gift.		os, Ramah Day Camp, and their Tikvahor% of our estate.
Donor Signature	Date	
OPTIONAL: Assistance to provide for n Estate planning attorney: Financial planner:		Phone:
Other:		
I would like my name to a	ppear in lists of Moreshet	t Ramah Legacy Society members as:

PLEASE COMPLETE & RETURN THIS FORM TO:

Missy Stein, Development Director Camp Ramah 2100 Arch Street, 3rd Floor Philadelphia, PA 19103

