



Legacy Society Membership Form

Please return this form to:
Memphis Jewish Home & Rehab
Legacy Society
36 Bazeberry Road
Cordova, TN 38018-7756

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I/We have established a planned gift to Memphis Jewish Home & Rehab through
(optional):

- Bequest
- Life Insurance
- Charitable Trust
- Retirement Plan
- Other _____

Approximate Value (\$) or Percentage (%) of estate **(optional)**: _____

- I/We wish to discuss the charitable purpose(s) for this gift.

I/We have made a planned gift in my/our estate plans and wish to be included in the Legacy Society. I/We agree to be included in published listings of the Society's members.

Please print the name(s) as you wish them to be listed. You may be listed as Anonymous if you choose.

Signature

Date