



Saving lives. It's in our blood.

STATEMENT OF SUPPORT

A legacy for the people of Israel.

I/we want to carry on the tradition of *tzedakah* for future generations by providing lifesaving support for the People of Israel through the work of Magen David Adom in Israel. I/we are pleased to share that I/we have made a gift or estate provision for the benefit of AFMDA.

- | | |
|--|---|
| <input type="checkbox"/> Will – Outright bequest | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Bequest in the Will of the surviving spouse | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Testamentary Trust | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Other _____ |

General description of gift provision (exact percentage, value, type):

It is understood that values may be subject to change, but I expect the present value of my/our provision to be approximately _____.

I wish my future gift to be used for:

- The area of greatest need
- Other (please specify ambulance, Medicycle, training, and/or Marcus National Blood Services Center, etc.) _____

It is understood that these statements and intentions are made to assist American Friends of Magen David Adom in projecting future financial support and gift expectancies. THIS IS NOT A BINDING LEGAL OBLIGATION UPON THE DONOR OR HIS OR HER ESTATE AS TO THE VALUE OR RECEIPT OF THE PROVISION (S) HEREIN REVEALED AND DESCRIBED.

My employer may provide a matching contribution. Name of employer: _____

Acknowledgement of Gift: Please mark one.

- I would like this gift to remain anonymous.
- You may mention or print my name where it may serve to inspire others to make the same commitment.

Name should appear as: _____

Signature of donor(s): _____ Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____