

Congregation Beth El – Ner Tamid
L'dor V'dor Legacy Society

Please mark one or more of the boxes below and return this form to the office. Be sure to enter the date, sign, print your name, and enter your phone number and email address

- ☐ I/we would like to learn more about the L'dor V'dor Legacy Society or I'm/we're interested in becoming a member of the L'dor V'dor Legacy Society
- ☐ I'm/we're in the process of making a planned gift to Congregation Beth El – Ner Tamid
- ☐ I/we have already made a planned gift to Congregation Beth El – Ner Tamid and please list me/us as a member of the L'dor V'dor Legacy Society.
 - Print name(s) to be listed: _____
- ☐ I/we have already made a planned gift to Congregation Beth El – Ner Tamid but wish to remain anonymous.
- ☐ I'm/we're interested in being on the L'dor V'dor Legacy Society Committee.

Date: _____

Print name(s): _____

Phone number(s): _____

Email address(es): _____