



**Memphis Jewish Home and Rehabilitation Center  
Legacy Society Membership Form**

Please return this form to:  
Memphis Jewish Home and Rehabilitation Center  
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 and Rehabilitation Center 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