

Date

Name of Account Administrator

Company Name

Street Address 1

Street Address 2

City State Zip

Re: Request for Charitable Distribution from the [REDACTED] IRA # [REDACTED]

Dear Account Administrator:

Please accept this letter as my request to make a direct charitable distribution from my [REDACTED] IRA # [REDACTED] in the amount of [REDACTED] dollars (\$ [REDACTED], [REDACTED]), payable to the University of Virginia Medical School Foundation (Tax ID 23-7173411) as provided by Sec. 1201 of the Pension Protection Act of 2006 (the PPA) and Sec. 408(d)(8) of the Internal Revenue Code of 1986, and made permanent under the Consolidated Appropriations Act of 2016. Please designate my gift to the [REDACTED]

Use for Regular Mail Delivery:

University of Virginia
Gift Processing Services
PO Box 400331
Charlottesville VA 22904-4331

Use for Overnight Delivery:

University of Virginia
Gift Processing Services
211 Emmet Street South
Charlottesville VA 22903
(434) 924-1244

In your transmittal to the University, please memorialize my name and address as the donor of record in connection with this transfer and copy me on your transmittal at the following address:

Donor's Name
Street Address
City State Zip

I have confirmed with the University of Virginia that it is a qualified recipient of distributions under the noted PPA provision and is neither a supporting organization under Section 509(a)(3) of the Internal Revenue Code nor a donor-advised fund.

If you have any questions or need to contact me, I can be reached at (xxx) xxx-xxxx. If you need to reach the University of Virginia Medical School Foundation, please contact Barry Collins at (434) 924-1734.

Thank you for your assistance in this matter.

Sincerely,

Donor's Name