

Date

**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

Dear UVA Gift Processing Services:

It is my pleasure to inform you that I have requested a qualified charitable distribution from my Individual Retirement Account payable to the University of Virginia Medical School Foundation (Tax ID 23-7173411) in the amount of \$ \_\_\_\_\_. My gift is to be designated to \_\_\_\_\_

You should soon receive a check in that amount from my plan administrator, (NAME of administrator).

It is my intent to comply with the requirements of Sec. 1201 of the Pension Protection Act of 2006 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended, in connection with this gift. Accordingly, upon your receipt of payment from my administrator, please send me a contemporaneous written acknowledgement that states the amount of my gift and that no goods or services were transferred to me by the University in consideration for this gift.

Please let me know if you have any questions.

Sincerely,

Donor's Name  
Street Address  
City State Zip

Telephone Number  
Email Address