|  |  |  |
| --- | --- | --- |
|  |  |  |
| *[Financial Institution Name]* |  | *[Address]* |
|  |  |  |
|  |  | *[City, State, Zip]* |

|  |  |  |
| --- | --- | --- |
| Re: Request for charitable distribution from  |  | individual retirement account |
|  | *[Insert donor’s name]* |  |

To Whom It May Concern:

|  |  |  |
| --- | --- | --- |
| Please make a direct charitable distribution of $ |  | from my IRA account number |
|  | *[Insert dollar amount]* |  |
|  | made payable to Boston Children’s Hospital (Tax ID: 04-1174680). |
| *[Insert account number]* |  |
| free of tax as provided by current tax legislation. |  |

The check should be mailed to:

Laureen Cahalane

Senior Director of Principal and Planned Gifts

Boston Children’s Hospital

401 Park Drive, Suite 602

Boston, MA 02215

It is my intention to have this transfer qualify for the current tax year. Therefore, it is imperative this distribution be postmarked no later than December 31. **Please list my name and address as the donor for the transfer, and please send me a copy of the correspondence with Boston Children’s Hospital**.

Please contact Laureen Cahalane, senior director of principal and planned gifts, if you need any additional information. She can be reached at 617-355-8062 or laureen.cahalane@chtrust.org. If you have any questions for me, please contact me at

|  |
| --- |
|  |
|  *[insert phone number]* |

Sincerely,

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *[Name of Donor]* |  | *[Address]* |
|  |  |  |
|  |  | *[City, State, Zip]* |