

[DONOR ADDRESS AND CONTACT INFORMATION]

Sample

QUALIFIED CHARITABLE DISTRIBUTION (QCD) REQUEST TO PLAN ADMINISTRATOR

[Date]

[IRA Custodian Firm, Contact, and Address]

This letter serves as my request to make a qualified charitable distribution from my individual retirement account [Insert number here] as provided by the Protecting Americans from Tax Hikes Act of 2015.

Please issue the distribution in the amount of \$ \_\_\_\_\_ to Western Missouri Medical Center.

Distribution by <b>CHECK</b>	OR	Distribution by <b>WIRE TRANSFER</b>
<b>Mail to:</b> Western Missouri Medical Center C/O WMMC Foundation 403 Burkarth Rd Warrensburg, MO 64093 Fax: (660) 747-2783 Email: <a href="mailto:foundation@wmmc.com">foundation@wmmc.com</a>		<b>Beneficiary Bank:</b> Edward Jones Financial <b>Account Name:</b> Western Missouri Medical Center <b>ABA/Fedwire Routing #:</b> _____ <b>Account #:</b> 644-21990-1-1 <b>Reference:</b> Name of Donor <b>Bank Address:</b> 201 Progress Parkway Maryland Heights, MO 63043

In your transmittal to Western Missouri Medical Center, please indicate my name as the IRA owner of record in connection with this transfer.

For your reference, the Federal Tax Identification number for the Western Missouri Medical Center is 44-0665266.

Please contact me at [INSERT YOUR PHONE/EMAIL HERE] should you have any further questions about fulfilling this request. [OPTIONAL: It is my intention for this distribution to occur on or before December 31, 2023]

Sincerely,

[INSERT NAME & SIGNATURE]

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Western Missouri Medical Center, please designate my gift as follows:

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cc: Western Missouri Medical Center, Accounting Department, 403 Burkarth Rd, Warrensburg, MO 64093  
Phone: (660) 262-7464 | Fax: (660) 747-2783 | Email: [foundation@wmmc.com](mailto:foundation@wmmc.com)