

IRA Qualified Charitable Distributions

To make an Individual Retirement Account Qualified Charitable Distribution gift to the University of Idaho Foundation:

- 1) Complete the attached form: Letter from donor to IRA Administrator
- 2) Submit the completed form to your Financial Advisor or IRA Administrator
- 3) Submit a copy of the completed form to the University of Idaho Foundation so that we can ensure that your gift is processed in an accurate and timely manner.

University of Idaho Foundation, Inc. 875 Perimeter Dr. MS #3143 (by mail) Moscow, ID 83844-3143

University of Idaho Foundation Tax ID: 23-7098404

Thank you for your generosity, an acknowledgment of your gift will be mailed to you when the gift has been received and processed.

Phone: 208-885-4000

Email: invest@uidaho.edu

Letter from donor to IRA Administrator

	Date:	
To:		
10.	Financial Advisor or IRA Administrator	Attn:
	Mailing address	City, state, zip
Re:	Request for Qualified Charitable Distribu	tion from Individual Retirement Account
Dear	Financial Advisor/IRA Administrator:	
# qualif Presid	to the Uified charitable distribution under the <i>Protec</i>	oution from my Individual Retirement Account niversity of Idaho Foundation, Inc. I intend this to be a cting Americans from Tax Hikes Act of 2015 signed into law by University of Idaho Foundation, Inc., is qualified to receive this evenue Code.
	e issue a check in the amount of <u>\$</u> dation, Inc., and mail it to the following add	made payable to the University of Idaho ress:
	University of Idaho Foundation, Inc. 875 Perimeter Dr. MS #3143 1210 Blake Ave – Mary E. Forney Hall Bl Moscow, ID 83844-3143	Tax ID: 23-7098404 Phone: 208-885-4000 dg Email: invest@uidaho.edu
-	ur transmittal letter, please include my nam to be credited to the following fund:	ne and address as the donor of record, and indicate that this
Gift D	esignation Codes (contact us or leave blan	k if unknown):,,
Gift D	esignation Name(s) and amount(s):	
	e copy me on your transmittal and contact ions. Thank you for your assistance.	me at the address/telephone number indicated below with any
Donor	Signature	Printed Name
Mailing	g address	City, State, Zip
Phone		Email