



Request from Plan Owner to Administrator for Charitable Distribution from  
Individual Retirement Account (IRA) to NCH HEALTHCARE SYSTEM

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**RE: Request for Charitable Distribution from Individual Retirement Account #** \_\_\_\_\_

**in the name of** \_\_\_\_\_.

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account # \_\_\_\_\_.

Please issue a check of \$ \_\_\_\_\_ (not to exceed \$100,000) payable to NCH Healthcare System and mail directly to the following address:

**Attention:** NCH Center for Philanthropy

**Address:**

NCH Center for Philanthropy  
Telford Building, 2<sup>nd</sup> Floor  
350 7th St. N.  
Naples, FL 34102

**OR**

Please wire the amount of \$ \_\_\_\_\_ (not to exceed \$100,000) directly to NCH Healthcare System as follows depending upon whether the gift is restricted or unrestricted:

**For wire transferring of unrestricted gifts:**

Beneficiary Name: NCH Healthcare System, Inc., Account Name: NCH – Unrestricted Account, Account# 637812295, Bank Name: JPMorgan Chase New York, NY 10017, Bank Routing #: 021000021, ACH Bank Routing #: 267084131.

**For wire transferring of restricted gifts:**

Beneficiary Name: NCH Healthcare System, Inc., Account Name: NCH Funding SP, Account# 637812386, Bank Name: JPMorgan Chase New York, NY 10017, Bank Routing #: 021000021, ACH Bank Routing #: 267084131.

In your transmittal to NCH Center for Philanthropy, please give my name and address as the donor of record in connection with this transfer, and if possible, indicate that the donation is for the benefit of \_\_\_\_\_ (Fund Designation i.e., greatest need, cardiology, nursing, etc.). Please provide NCH with a copy of your transmittal.

It is my intention to have this transfer qualify for the IRA Charitable Rollover in the 2023 tax year. If you have any questions, or need to contact me, I can be reached at \_\_\_\_\_.