



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

Date _____

Your Name _____

Address _____

RE: Request for Charitable Distribution from IRA # _____ 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: Yvette Gutierrez
NCH Center for Philanthropy
PO Box 234
Naples, FL 34016

OR

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

The NCH Healthcare System bank for wire transfers is:

JPMorgan Chase
New York, NY 10017

Beneficiary Name: Naples Community Hospital Inc

Bank Routing #: 021000021

ACH Bank Routing #: 267084131

Account #: 637812386

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 indicate that the donation is for the benefit of _____ (fund designation i.e.; greatest need, cardiology, nursing, oncology, stroke, etc.). Please provide me with a copy of your transmittal.

It is my intention to have this transfer qualify for the IRA Charitable Rollover in the tax year associated with the date of this form. If you have any questions, or need to contact me, I can be reached at _____.