



**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 \$111,000) payable to NCH Healthcare Systems, Inc. and mail directly to the following address:

Attention: Savannah Fieger  
NCH Center for Philanthropy  
PO Box 234, Naples, FL 34106

**OR**

- Please wire the amount of \$ \_\_\_\_\_ (not to exceed \$111,000) directly to NCH Healthcare Systems, Inc. as follows depending upon whether the gift is for a restricted or unrestricted purpose:

The NCH Healthcare Systems, Inc. bank for wire transfers is:  
JPMorgan Chase, New York, NY 10017

**Beneficiary Name:** NCH Healthcare Systems, Inc

**EIN:** 59-2314655

**Doing Business As:** NCH Center for Philanthropy

**Wire Transfer Bank Routing #:** 021000021

**SWIFT Code:** CHASUS33

**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 \_\_\_\_\_.

NCH HEALTHCARE SYSTEMS, INC DBA NCH CENTER FOR PHILANTHROPY IS A 501(C) (3) TAX-EXEMPT HOSPITAL, IRS SECTION 170(B)(2) III FOR BOTH FEDERAL AND STATE TAX PURPOSES. THE FEDERAL TAX IDENTIFICATION NUMBER IS 59-2314655. A COPY OF OUR OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAYBE OBTAINED FROM THE FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE (CH1470). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY STATE.