

LETTER TO IRA PLAN ADMINISTRATOR

FROM: YOUR NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DATE: _____

TO: IRA PLAN ADMINISTRATOR: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

➤ **RE: Request for charitable distribution from Individual Retirement Account**

To Whom It May Concern:

Please accept this letter as my request to make a direct charitable contribution from my Individual Retirement Account: _____ [INSERT ACCOUNT NUMBER].

Please issue a check in the amount of \$ _____ [INSERT GIFT AMOUNT] payable to Community of Christ and mail it to:

Community of Christ
ATTN: Mission Funding
1001 W. Walnut St.
Independence, MO 64050

In your transmittal to Community of Christ, please state my name and address as the donor of record in connection with this transfer. Please copy me on your transmittal.

It is my intention that this transfer takes place for the ____ tax year:

Please contact me at _____ [INSERT PHONE NUMBER OR E-MAIL ADDRESS] if you have any questions. Thank you for your assistance.

Very truly yours,

PRINT NAME

SIGNATURE

LETTER TO COMMUNITY OF CHRIST—NOTICE OF IRA GIFT

FROM: YOUR NAME: _____
ADDRESS: _____
CITY, STATE, ZIP CODE: _____
DATE: _____

TO: **Community of Christ**
ATTN: Mission Funding
1001 W. Walnut St.
Independence, MO 64050

➤ **RE: Notice of a qualified charitable distribution from my Individual Retirement Account**

It is my pleasure to inform you that I have directed my IRA plan administrator _____
_____ [INSERT PLAN ADMINISTRATOR NAME] to make a qualified charitable distribution from
my account to Community of Christ in the amount of \$ _____ for the _____ tax
year. Please distribute my gift as indicated below:

Local & Mission Center Ministries

Congregational Ministries \$ _____
Congregation Name _____
Mission Center Name _____
Building Fund \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Worldwide Ministries

Worldwide Mission Tithes \$ _____
Bridge of Hope _____ \$ _____
Other _____ \$ _____

Upon your receipt of this letter and payment from my IRA plan administrator, if applicable, please send me a written acknowledgement of my contribution.

Please contact me at _____ [INSERT PHONE NUMBER OR E-MAIL ADDRESS]
if you have any questions. Thank you for your assistance.

Very truly yours,

PRINT NAME

SIGNATURE