Thank you for helping Rotary Do Good in the World through a Qualified Charitable Distribution (QCD) from your Individual Retirement Account!

The attached letters will help you make a transfer directly from your IRA.

Page 1. Sample request: “From Plan Owner to IRA Administrator”
Please complete the underlined portions of the attached letter and send it to your IRA Plan Administrator to initiate the transfer.

Page 2. “From Donor to The Rotary Foundation”
Upon initiating the transfer, please complete the underlined portions from the attached letter and fax or email your notification to:

EMAIL: vicky.perez@rotary.org
FAX: (847) 556-2181

For assistance please contact Vicky Perez at vicky.perez@rotary.org or (847) 866-3401.

For more information on how Qualified Charitable Distributions, also known as IRA “charitable rollover gifts,” and other tax-advantaged ways to give can further your philanthropic and financial goals, please contact your Planned Giving Officer:

Planned.Giving@Rotary.org
(847) 866-3100
SAMPLE LETTER REQUEST
FROM PLAN OWNER TO IRA ADMINISTRATOR

DATE

____________________________________________
IRA PLAN ADMINISTRATOR

____________________________________________
ADDRESS

____________________________________________
CITY STATE ZIP CODE

RE: Request for Qualified Charitable Distribution from my Individual Retirement Account

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account # ____________________________ pursuant Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended. I am 70 ½ years old or older.

Please issue a check in the amount of $ _______________________ payable to:

The Rotary Foundation of Rotary International (FEIN 36-3245072)

And mail it as soon as possible, but to arrive no later than 31 December 2021, to:

ATTN: Vicky Perez, Sr. Gift Administration Specialist
The Rotary Foundation
14280 Collections Center Drive
Chicago, IL 60693

In your communication to The Rotary Foundation, please include my name and address as listed below as the donor of record in connection with this transfer. Please copy me on your transmittal. If you have questions, please contact Vicky Perez at (847) 866-3401.

Thank you for your assistance in this matter.

Sincerely,

________________________________________________
________________________________________________
PRINTED PLAN OWNER NAME ROTARY ID NUMBER

________________________________________________
ADDRESS

____________________________________________
CITY STATE ZIP CODE

TELEPHONE NUMBER(S)
DATE

Vicky Perez, Sr. Gift Administration Specialist
The Rotary Foundation
vicky.perez@rotary.org
FAX: 847-556-2181

Dear Ms. Perez:

It is my pleasure to inform you that I have requested a qualified charitable distribution from my Individual Retirement Account payable to The Rotary Foundation of Rotary International in the amount of $____________________________ from my plan trustee/administrator, _____________________________.

(NAME OF PLAN TRUSTEE/ADMINISTRATOR)

It is my intent to comply with Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended, in connection with this gift. Accordingly, upon your receipt of payment from my trustee/administrator, please send me a written acknowledgement that states the amount of my gift, that no goods or services were transferred to me by your organization in consideration for this gift, and that my gift will not be placed in a donor advised fund or supporting organization, nor will it fund a life income agreement.

I intend that this gift be allocated to:

☐ Endowment Fund – World Fund
☐ Endowment Fund – SHARE
☐ Endowment Fund – Rotary Peace Centers
☐ PolioPlus

☐ Annual Fund – World Fund
☐ Annual Fund – SHARE
☐ Area of Focus __________________
☐ Other, to be discussed.

 Gifts to Annual Fund or PolioPlus are eligible for Paul Harris Fellow recognition

Sincerely,

_______________________________________

_______________________________________

PRINTED PLAN OWNER NAME
ROTARY ID NUMBER

_______________________________________

ADDRESS

_______________________________________

CITY STATE ZIP CODE

_______________________________________

TELEPHONE NUMBER(S)

_______________________________________

E-MAIL ADDRESS/FACSIMILE NUMBER