CHARITABLE IRA ROLLOVER REQUEST FROM DONOR TO PLAN ADMINISTRATOR

Your address and contact information here

Date

IRA Plan Administrator
Contact
Address
City, State, Zip

Dear **IRA Plan Administrator Contact:**

This letter serves as my request to make a direct charitable distribution to the College of Mount Saint Vincent from my Individual Retirement Account # **XXXXXXXX** as provided by the Protecting Americans from Tax Hikes Act of 2015.

Please issue a distribution in the amount of $**XXXXX** payable to the College of Mount Saint Vincent. Mail the check to:

Office of Institutional Advancement
The College of Mount Saint Vincent
6301 Riverdale Ave.
Riverdale, NY 10471-1093
Attn: Daniel Regan, Director for Development/Corporate, Foundation, and Government Relations
Tel: (718) 405-3342
Fax: (718) 405-3748
Email: daniel.regan@mountsaintvincent.edu

In your transmittal to the College of Mount Saint Vincent, please indicate my name as the IRA owner of record in connection with this transfer and copy me on your transmittal. I intend for this transfer to qualify as a rollover during the 2015 tax year. Therefore, it is imperative that this distribution be postmarked no later than December 31, 2015.

For your reference, the Federal Tax Identification number for the College of Mount Saint Vincent is: 13-1740445.

Thank you for your prompt attention to and assistance with this matter.

Sincerely,

Signature

cc: College of Mount Saint Vincent, Office of Institutional Advancement, 6301 Riverdale Ave., Riverdale, NY 10471-1093 Tel: (718) 405-3236/3237 Fax: (718) 405-3748

Please apply gift to:
☐ annual fund ☐ pledge ☐ scholarship ☐ Other _____