

## QUALIFIED CHARITABLE DISTRIBUTION REQUEST TO IRA PLAN ADMINISTRATOR

DONOR INFORMATION	
Donor Name:	
Address:	
Donor Email:	
Phone Number:	
IRA PLAN ADMINISTRATOR INFOR	MATION
Firm Name:	
Address:	
Contact Name:	
Email:	
Phone Number:	
Please issue the distribution in the	s permanently extended by the Protecting Americans from Tax Hikes (PATH) Act of 2015.  a amount of \$\\$\\$\text{to The Denver Foundation.}\$  require you to complete paperwork in addition to this form.  DISTRIBUTION BY WIRE TRANSFER
The Denver Foundation	U.S. Bank, 950 17th St, Denver, CO 80202
1009 Grant Street	ABA: 102000021
Denver, CO, 80203	Account Number: 103691621801
	The Denver Foundation
transfer. For your reference, the Fe	Foundation, please indicate my name as the IRA owner of record in connection with this ederal Tax Identification number for The Denver Foundation is 84-6048381.
	ions to fulfill this request, please contact me by:
Phone:	
Email:	
Sincerely,	
Print Name:	
Signature:	

PLEASE NOTE: QUALIFIED CHARITABLE DISTRIBUTIONS FROM YOUR IRA CANNOT BE MADE TO A DONOR-ADVISED FUND.