

**IRA Plan Provider Letter**  
**Request for Direct Charitable Distribution from Individual Retirement Account**

DATE: \_\_\_\_\_  
IRA PROVIDER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

Re: Request for Direct Charitable Distribution from Individual Retirement Account

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable rollover distribution from my Individual Retirement Account Number: \_\_\_\_\_ for the 2019 tax year, as provided by the PATH Act.

**I elect to make a Charitable Distribution for the 2019 tax year as follows:**

Please issue a check in the amount of \$\_\_\_\_\_ payable to “Carolina Honduras Health Foundation” and mail it and this form letter to the following address:

Carolina Honduras Health Foundation  
PO BOX 528  
Barnwell, SC 29812

**Please remember to include this form letter along with the check in connection with my charitable distribution, and copy on your transmittal.**

**IMPORTANT:**

- **It is imperative that my charitable distribution be post marked no later than December 31,2019.**
- **Include this form letter with my charitable distribution from my IRA.**

If you have any questions or concerns regarding this request, please call Carolina Honduras Health Foundation at 803-259-3513

Sincerely yours,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date