DATE				
PLAN PROVIDER				
ADDRESS				
CITY, STATE, ZIP				
Re: Request for Direct	t Qualified Charitable Distrib	oution from Individual R	etirement Account	
Dear Sir or Madam:				
	as my formal request to make a ividual Retirement Account:	a direct qualified charitable	e contribution (a "charitable IRA	
Account Number:				
			l, and under the provisions of the section 1201 of Public Law 109-2	80)
Please issue a check in to (tax ID: 91-0564961) at		_ payable to UNIVERSI	TY OF PUGET SOUND	
Attn: C 1500 N	sity of Puget Sound Capital and Planned Giving I. Warner Street CMB 1087 a, WA 98416-1087			
this transfer, and copy r	uget Sound, please include my ne on your transmittal. It is my perative that this distribution be	intention to have this trans		
I further represent as fo	llows:			
1. I am over 70½	years of age. My date of birth is	s:	·	
not directed to a		d trust, gift annuity, poole	esult of this rollover. This rollover d income fund, donor advised fun a charitable IRA rollover.	
			therefore I elect out of withhold aded for this charitable IRA rollov	
	ns or concerns regarding this re Puget Sound at 253.879.8541 o		Graupensperger, Director of Captsound.edu.	ital
Thank you for your pro	mpt attention to and assistance	with this matter.		
Sincerely yours,				
Donor's name			Date	