



COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

Attn.: YOUR NAME
YOUR ADDRESS

Dear YOUR NAME:

It is my pleasure to inform you that I have requested a qualified charitable distribution from my Individual Retirement Account to Columbia University as described below:

IRA Plan Administrator Name: _____

Account Number: _____

Distribution amount: \$ _____

Use of Gift: _____

It is my intent that this "IRA Rollover gift" comply with the requirements of section 408(d)(8) of the Internal Revenue Code. Accordingly, upon receipt of this gift, please send me a written acknowledgment that states the amount of my gift, that no goods or services were transferred to me by Columbia in consideration for this gift, and that my gift will not be placed in a donor-advised fund or supporting organization.

Please contact me if you have any questions.

Sincerely,

Donor's Signature: _____ Date: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____