Date

**If sent via US Postal Service: If sent by Overnight Delivery (FEDEX):**

University of Virginia University of Virginia

Office of Gift Planning Office of Gift Planning

P.O. Box 400807 2420 Old Ivy Road

Charlottesville, VA 22904-4807 Charlottesville, VA 22903

Attention: Spring Dodge Attention: Spring Dodge

Dear Ms. Dodge:

I am pleased to inform you that I have requested a Qualified Charitable Distribution in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from my Individual Retirement Account to benefit the University of Virginia Medical School Foundation. My gift is to be applied for the benefit of the **Insert name of program**].

You should soon receive a check in that amount from my plan administrator, **Insert name of IRA administrator/custodian**.

It is my intent to comply with the requirements of Sec. 1201 of the Pension Protection Act of 2006, as extended by the Protecting Americans from Tax Hikes (PATH) Act of 2015, and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended, in connection with this gift. Accordingly, upon your receipt of payment from my administrator, please send me a written acknowledgement that states the amount of my gift and that no goods or services were transferred to me in consideration for this gift.

Please let me know of any questions.

Sincerely,

Name

Address

Phone number

Email

*Support your passion! You may designate your gift for a University-wide priority—or for a specific school, program, or service. See “*[*Where to Give*](http://giving.virginia.edu/where-to-give/)*” (giving.virginia.edu/where-to-give).*

*If you want to split your gift among two or more beneficiaries, we suggest that you allocate to each a percentage of your total gift.*

 *Thank you for your gift.*