IRA DONATION LETTER OF INTENT

Missoula Aging Services

337 Stephens Ave
Missoula, MT 59801
(406) 728-7682
EIN: 81-0379543

DONOR INFORMATION

Donor Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
IRA Account/Custodian:_____

INSTRUCTIONS TO IRA ADMINISTRATOR

To my IRA administrator/custodian:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account, **Account #_____.**

Please issue a check in the amount of **$**_____ payable to Missoula Aging Services at the following address:

Missoula Aging Services
337 Stephens Ave
Missoula, MT 59801

Please designate my gift to: [ ] Greatest Need [ ] Meals on Wheels [ ] Missoula Villages
[ ] Resource Program [ ] Other: _____

Missoula Aging Services' tax ID number is 81-0379543. It is my intention to have this transfer be a Qualified Charitable Distribution that will qualify for exclusion from my taxable income during the **20**_____ tax year.

In your transmittal to Missoula Aging Services, please state my name and address as the donor of record in connection with this gift, and please copy me on your transmittal.

DONOR AUTHORIZATION

Signature: _____ **Date:** _____

Printed Name: _____

Questions or gift notification: Please contact Emily Landsiedel, Development Officer, at elandsiedel@missoulaagingservices.org or (406) 728-7682. MAS will send an acknowledgment once the gift is received.