

Thank you for helping Fairchild Medical Center care for our community through a Qualified Charitable Distribution (QCD) from your Individual Retirement Account (IRA).

The attached letters will help you make a distribution directly from your IRA to the Fairchild Medical Center Foundation. Individuals must instruct their IRA trustee to make the distribution directly to the qualified charitable organization. To include the Fairchild Medical Center Foundation in your plans, please use our legal name and federal tax ID. Please let us know about your gift. (Many IRA administrators assume no responsibility for informing nonprofits of your intentions.)

Legal Name: Fairchild Medical Center Foundation

Tax ID Number: 68-0350012

Page 1: Sample request: "From Plan Owner to IRA Administrator" Please complete the attached letter and send it to your IRA plan administrator to initiate the transfer.

Page 2: Letter to Foundation: "From Donor to the Fairchild Medical Center Foundation" Upon initiating the transfer. Please complete the underlined portion from the attached letter mail or email your notification to:

Email: canstead@fairchildmed.org

Mail: Fairchild Medical Center Foundation 444 Bruce Street, Yreka, CA 96097

We are here to help! For assistance or more information on how Qualified Charitable Distributions, aka IRA charitable rollover gifts, can further your philanthropic goals, please call the Fairchild Foundation at (530) 841-6239.



Date	
IRA Plan Administrator	
Address	
City, State, ZIP Code	
Dear IRA administrator:	
Please accept this letter as my request to make a direct qualified individual retirement account number [insert number here] as au Internal Revenue Code, as amended. Please issue a check in the a Fairchild Medical Center Foundation and mail it to: Fairchild Med Street Yreka, CA 96097. The qualified charitable organization's fe 0350012. In your transmittal to the above named charitable organization and address as the donor of record in connection with this transfer the address below. It is my intention that this gift complies with I have this transfer qualify during this tax year. If you have any que request, I can be reached at [Your Phone Number] or [Your Email attention to and assistance in this matter.	ithorized under Sec. 408(d)(8) of the amount of \$[Amount], payable to ical Center Foundation 444 Bruce deral tax identification number is 68-nization, please memorialize my nameer, and copy me on the transmittal at RC 408(d)(8). It is also my intention to estions or concerns regarding this
Sincerely,	
[Your First and Last Name]	
[Your Address]	
Date	



Claire Anstead		
Executive Director, Foundation		
Fairchild Medical Center Foundation 444 Bruce Street Yreka, CA 96097		
Dear Claire:		
This letter is to notify you that I instrudistribution from my individual retire	ucted my IRA administrator to make a quement account.	ualified charitable
Please let me know when you receive	e this donation in the amount of \$	My gift is
-	(purpose/fund). I look forw	
acknowledgment of this contribution.		
Sincerely,		
Signature		
Print Name		
IRA Provider Name:		