LOYOLA MEDICINE

Loyola Medicine
Office of Philanthropy

Instructions for Making a Gift via IRA Distribution

Thank you for your interest in donating to Loyola Medicine. To help you facilitate a gift through IRA Distribution, please use the following instructions. If you have a specific question, please contact the Office of Philanthropy at (708) 216-3201 or via email at philanthropy@luhs.org.

Step 1: INITIATE TRANSFER

It is necessary for you to contact your IRA Plan Administrator to initiate the transfer. It is important to provide them the proper language and instructions for successful transfers. Please use our attached sample letter of instruction.

Step 2: NOTIFY LOYOLA MEDICINE

Once the transfer instructions have been communicated to the IRA Plan Administrator please provide us with the following information about the gift for audit and acknowledgment purposes.

- Donor's full name and complete address
- Name of IRA Plan Administrator and contact information
- Specified gift amount
- Specified gift or transfer date

This information can be provided to your primary contact with our officer or to:

Loyola Medicine
Two Westbrook Corporate Center, Suite 600
Westchester, IL 60154

Federal Tax ID Number: 36-4015560 Loyola University Medical Center

IRA DISTRIBUTION
SAMPLE LETTER OF INSTRUCTION

Owner/Donor Name

Address

City, State, ZIP

To: IRA Administrator
_____
_____
_____

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account (IRA), Account #_____. This distribution is intended to be an IRA Charitable Rollover, as authorized by Section 408(d)(8) of the Internal Revenue Code.

Please issue a check in the amount of $_____ payable to Loyola University Medical Center and send the check to the following address:

Loyola Medicine
Two Westbrook Corporate Center, Suite 600
Westchester, IL 60154

Loyola University Medical Center's tax ID number is: 36-4015560, and is a qualified charitable recipient for this transfer. 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.

Important:
In your transmittal to Loyola Medicine, please indicate my name and address as the donor of record in connection with this transfer, and please copy me on your transmittal.

If you have any questions I can be reached at_____. Thank you for your assistance in this matter.

Sincerely,

_____