IRA Sample Letter Instructions



Let Children's know in advance of your IRA distribution so that your gift may be properly acknowledged.

OnLine@choa.org

(404)785-GIVE (4483)

To: IRA Administrator	Account Owner/Donor Name:
	Address:
Please accept this letter as my request to makindividual retirement account (IRA), Account along the IRA charitable rollover, as authorized by Section	# This distribution is intended to be an
Please issue a check in the amount of \$ Foundation and send the check to the followi	payable to Children's Healthcare of Atlanta ng address:
Children's Healthcare of Atlanta Foundation 1575 Northeast Expressway Atlanta, GA 30329	
	tax ID number is: 58-1710601 and is a qualified sue the check in a timely manner to qualify as a tax year.
-	Atlanta Foundation, please indicate my name and with this transfer, and please copy me on your
If you have any questions, I can be reached at matter.	. Thank you for your assistance in this

Please include a copy of this form to Children's Healthcare of Atlanta Foundation to assist with processing.
Sincerely,