**Sample Letter of Instruction from Plan Owner to James Madison University Informing of**

**Forthcoming Qualified Charitable Distribution from Plan Administrator**

Please fill out this Letter of Instruction form or have your plan trustee/administrator help you walk through the process. Once you have completed this step, please return the completed paperwork to the address below or email it to us at plannedgiving@jmu.edu to let us know of your generous gift.

Attn: Planned Giving Director

James Madison University

Office of Planned Giving

MSC 4401 Sonner Hall

481 Bluestone Drive

Harrisonburg, VA 22807

To whom it may concern:

It is my pleasure to inform you that I have requested a qualified charitable distribution from my Individual Retirement Account payable to your organization in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ from my plan trustee/administrator, [ name of trustee/administrator ].

[ ] My gift would be designated to [ name fund other purpose of your choice ]

[ ] I would like to discuss further where to designate my gift

Gifts are payable to: James Madison University Foundation, Inc. (Tax ID #23-7156305)

It is my intent to comply with the provisions of The Protecting Americans from Tax Hikes (PATH) Act of 2015.

Accordingly, upon your receipt of payment from my trustee/administrator, please send me a contemporaneous written acknowledgement that states the date and amount of my gift, that no goods or services were transferred to me by your organization in consideration for this gift, and that my gift will not be placed in a donor advised fund or supporting organization.

If you have any questions or need to contact me, I can be reached at:

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (print name)