Date	
Administrator's Name	Administrator's Address (City, State, Zip)
Request for a Qualifi	ied Charitable Distribution from an
Individu	al Retirement Account
- · · · · · · · · · · · · · · · · · · ·	orization for you to make a qualified charitable distribution as provided by Sec. 408(d)(8) of the
	, payable to "Friends & Foundation of the Rochester & Foundation of the Rochester Public Library, 115 South
•	on of the Rochester Public Library, please include my name ion with this transfer. Please copy me on your transmittal.
For your reference, the <b>Federal Tax Identif Rochester Public Library is 16-1347453.</b>	fication number for the Friends & Foundation of the
It is my intention that this transfer qualify Therefore, it is imperative that this distribution	for exclusion from income during this current tax year. <i>n is completed no later than December 31.</i>
Thank you for your prompt assistance. If you	have any questions, please contact me.
Sincerely,	
Signature of IRA Owner	IRA Owner's name (please print)
Address (City, State, Zip)	
Email	Phone number