

The Salvation Army of Kansas & Western Missouri 3637 Broadway Boulevard, Kansas City, MO 64111 Office of Gift and Estate Planning: 816-968-0365

www.SAGiftMoKan.org

TO: IRA ADMINISTRATOR

Please accept this lett	ter as my request to i	nake a direct cha	ritable distribution fro	om my
Individual Retirement	Account (IRA), account	#	This distr	ibution
is intended to be used a	s a qualified charitable c	ontribution (QCD)	for the tax year	
Please issue a check in t	the amount of \$	made ¡	payable to: The Salvatio	n Army
Mail the check directly t	to: The Salvation Army Metropolitan Kansas (PO Box 5023 Harlan, IA 51593-052	,	Center	
If a contact name is req	uired or if you have any	questions, please re	each out to:	
Linda Grado, Donor Re	lations Assistant			
Linda.Grado@usc.salva	itionarmy.org			
P: 816-968-0380				
transfer. It is my intenti	ax ID number is 44-0545 ion to have this transfer om my taxable income du	be a Qualified Chari	table Distribution that	
IMPORTANT				
record in connection wi	he Salvation Army, pleasith this transfer, and pleases, I can be reached out b	nse copy me on you	r transmittal.	
Sincerely,				
Owner/Donor Name	Email		Phone	
Address			City/State/Zip	