

**IRA QCD Request Form**

*Please submit this form to your IRA Custodian*

DATE: \_\_\_\_\_  
TO: Contact person \_\_\_\_\_  
Company -IRA Custodian \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

It is my intention to make a Qualified Charitable Distribution (QCD) to Sauk Prairie Healthcare Foundation from my IRA, which may fulfill part or all of my IRA required minimum distribution for this year, 2021.

As the owner of IRA account number: \_\_\_\_\_, that is in the custody of your organization, I request that you transfer from that account the sum of \$ \_\_\_\_\_

Please send the IRA rollover directly to:  
Sauk Prairie Healthcare Foundation  
Tax ID Number: 93-0841113  
260 26th Street  
Prairie du Sac, WI 53578  
608-643-7226  
foundation@saukprairiehealthcare.org

- Gift is designated for:
- Greatest Needs (Foundation determines best use)
  - HERO Employee Support Fund (to support employees faced with financial difficulties)
  - Employee Scholarships
  - Women's Health
  - Community Wellness Grants

This letter is sufficient authorization for you to make this QCD gift. If you need additional documentation, please contact me.

Name:  
Address:  
City/State/ZIP:  
Email:  
Phone:  
Mobile Phone: