



Request for Charitable Distribution from Individual Retirement Account

Date: _____

IRA Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To Whom It May Concern:

Please accept this form as my request to make a direct charitable distribution from my Individual Retirement Account # _____

Issue a check in the amount of \$ _____, payable to **Asolo Theatre, Inc.** (EIN 59-2717909)

Choose one:

- Mail check to my address currently on file. I will forward the check to Asolo Theatre, Inc.
- Mail directly to Asolo Theatre, Inc. to arrive as soon as possible, but no later than December 31, to qualify for this calendar year’s distribution.

Asolo Theatre, Inc.
5555 N. Tamiami Tr
Sarasota, FL 34243

In your transmittal to Asolo Rep, Inc., please include my name and address as the donor of record in connection with this transfer and indicate that I am designating this gift to:

- Annual Fund
- Capital Campaign
- Other _____

If you have questions, please contact Sarah Johnson at (941) 351-9010 ext. 4701 or

Sarah_Johnson@asolo.org Thank you for your assistance.

Signature: _____

Printed Name of Account Owner: _____

Address: _____

Phone Number(s): _____