

Request for Charitable Distribution from Individual Retirement Account

Date:
IRA Plan Administrator:
Address:
City: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, 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
C Other
If you have questions, please contact Benjamin Luczak at (941) 351-9010 ext. 4700 or
Benjamin_Luczak@asolo.org Thank you for your assistance.
Signature:
Printed Name of Account Owner:
Address:
Phone Number(s):