

**Saint Joseph Health System  
Office of Philanthropy**

**Instructions for Making a Gift via IRA Distribution**

Thank you for your interest in donating to Saint Joseph Health System. To help you facilitate a gift through IRA Distribution, please use the following instructions. If you have a specific question, please contact Steve Funk, Director of Philanthropy, at (574) 335-1012 or [steven.funk@sjrmc.org](mailto:steven.funk@sjrmc.org).

**Step 1: INITIATE TRANSFER**

It is necessary for you to contact your IRA Plan Administrator to initiate the transfer. It is important to provide them the proper language and instructions for successful transfers. Please use our attached sample letter of instruction.

**Step 2: NOTIFY the Foundation of Saint Joseph Health System**

Once the transfer instructions have been communicated to the IRA Plan Administrator please provide us with the following information about the gift for audit and acknowledgment purposes.

- Donor's full name and complete address
- Name of IRA Plan Administrator and contact information
- Specified gift amount
- Specified gift or transfer date

This information can be provided to your primary contact with our officer or to:

Foundation of Saint Joseph Health System  
5215 Holy Cross Parkway  
Mishawaka, IN 46545

**Federal Tax ID Number:**

35-1654543 The Foundation of Saint Joseph Regional Medical Center, Inc.

**IRA DISTRIBUTION  
SAMPLE LETTER OF INSTRUCTION**

\_\_\_\_\_  
Owner/Donor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

To: IRA Administrator

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account (IRA, Account # \_\_\_\_\_). This distribution is intended to be an IRA Charitable Rollover, as authorized by Section 408(d)(8) of the Internal Revenue Code.

Please issue a check in the amount of \$ \_\_\_\_\_ payable to the Foundation of Saint Joseph Health System and send the check to the following address:

Foundation of Saint Joseph Health System  
5215 Holy Cross Parkway  
Mishawaka, IN 46545

The Foundation of Saint Joseph Regional Medical Center, Inc.'s tax ID number is: 35-1654543, and is a qualified charitable recipient for this transfer. It is my intention to have this transfer be a Qualified Charitable Distribution that will qualify for exclusion from my taxable income during the 20\_\_ tax year.

**Important:**

In your transmittal to the Foundation of SJHS, please indicate my name and address as the donor of record in connection with this transfer, and please copy me on your transmittal.

If you have any questions I can be reached at \_\_\_\_\_. Thank you for your assistance in this matter.

Sincerely,

\_\_\_\_\_  
*As of December 2024*