THE CARING PLACE

@ Miami Rescue Mission | Broward Outreach Centers

IRA Sample Letter of Instruction





305-571-2200 (MRM/BOC Planned Giving Department)

	Owner/Donor Name
	Address
	City, State, ZIP
To: IRA Administrator	
Dear Sir or Madam:	
(IRA), Account # This distribution Section 408(d)(8) of the Internal Revenue Code. Please issue a check in the amount of \$ Centers and send the check to the following address: The Caring Place @ Miami Rescue Mission Broward Outreach Centers	naritable distribution from my Individual Retirement Account in is intended to be an IRA Charitable Rollover, as authorized bypayable to Miami Rescue Mission and/or Broward Outreach
Attn: Marilyn Brummitt, VP 3553 NW 50 th Street	
Miami, FL 33142	
•	mber is: 59-1743865 , and is a qualified charitable recipient for ified Charitable Distribution that will qualify for exclusion from x year.
Important: In your transmittal to Miami Rescue Mission Broward Outreach donor of record in connection with this transfer, and plea	•
If you have any questions I can be reached at	. Thank you for your assistance in this matter.
Sincerely,	