Letter of Instruction for Qualified Charitable Distributions

Date
RE: Request for Charitable Contribution from IRA#
To Whom It May Concern:
Please accept this letter as my request to make a direct charitable contribution from my Individual Retirement Account#
Please issue a check in the amount of \$ payable to:
Premier Mobile Health Services Corporation (Federal Tax ID 82-5372657)
Please include my name and address as the donor of record in connection with the transfer to ensure Premier Mobile Health Services can properly acknowledge and steward this gift.
The check should be mailed to the following address:
Premier Mobile Health Services Corporation Attn: IRA Charitable Contributions 10676 Colonial Blvd, Suite 20 Fort Myers, FL 33913
If you send additional notifications to Premier Mobile Health Services about the transfer of this gift, please copy me on your correspondence.
I intend for this transfer to qualify for exclusion during the 2024 tax year.
If you have questions or need to contact me, I may be reached at If you need to contact Premier Mobile Health Services, please call 239-288-7949 or email nadine@premiermobilehealth.org
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Thank you for your assistance in this matter.
Sincerely,
(Signature) (Printed name)
u micu name)

Have you made your qualified charitable distribution?

Thank you for your gift to Premier Mobile Health Services.

So that we may accurately record your gift, provide you with at tax receipt, and acknowledge you properly, please take the extra steps of completing the form below and returning it to Premier Mobile Health Services, or calling us at 239-288-7949 or emailing us at nadine@premiermobilehealth.org to let us know your gift is on the way. This will augment the information provided by your financial institution and ensure smooth processing of your gift.

IRA	
Custodian	
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Check #	
Your	
Name	_
Your	
Address	
Your Email	
Address	_
	
Your Telephone	
Number	
Citt Data	
Gift Date	
Gift Amount	

Signature				
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Thank you for your support of our life saving mission!