

EJ CTWCDNG'KT'C'TQNNQXGT'I HV'P UVTWEVKQPU''

DATE: _____

TO: _____

(Name of IRA Account Administrator)

ADDRESS:

Please accept this letter as my request to make a direct qualified charitable distribution from my Individual Retirement Account # _____ as provided for under the Tax Increase Prevention Act of December 2014 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended.

Please issue a check in the amount of \$ _____ payable to Celiac Disease Foundation.

Please transfer the following securities to Celiac Disease Foundation, Tax I.D. 95-4310830:

"
Kp' { qwt 't cpuo kwcn'vq'Egrke'F lgcug'Hqwpf cvkqp.'t rgcug''
kpenf g'b { 'pc g'cpf 'cf f tgu'cu'vj g'f qpqt 'qht'geqt f 'cpf 'kpf kecvg'vj g'vt cpulgt 'ku'dglpi ''
o cf g'ht qo 'b { 'KT'C'ceeqwpv0Rgcug'èqr { 'b g'qp' { qwt 't cpuo kwcn''

O { 'go cklu<aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa'qt''

O { 'b ckpi 'cf f tgu'ku<' _____

''

Nlwgf 'dgnqy 'ct g'vj g'F VE'kpwt wevkpu'ki'vt cpulgt t lpi 'lgewt lkgu<'

Account Name: Celiac Disease Foundation. Account Number: 6992-5612

DTC#: 0385 Account Contact: E*Trade Securities, 501 Plaza 2, 34 Exchange Pl, Jersey City, NJ, 07311

''

F qpqt 'P co g<aa''

''''

Egrke'F lgcug'Hqwpf cvkqp'vcz'lf gpvllcec vqp'pwo dgt '*GRP +'ku'; 7/6532: 520

''

Kltgpf lpi 'vj g'f qpcvkqp'd{ 'b cklr igcug'hqty ctf 'vq<
Celiac Disease Foundation
20350 Ventura Blvd., Ste. 240
Woodland Hills, CA 91364

If you have any questions or need to contact me, I can be reached at the following phone number: _____.

Thank you for your assistance with this matter.
Sincerely,

***Uli pcwtg+" " " " *Rgcug't tlpv'pco g+"**

FQPQT'PUVTWEVKQPU'

To be able to anticipate receipt of your gift and designate it to the purpose you choose, please send a copy of this form to:

Celiac Disease Foundation
20350 Ventura Blvd., Ste. 240
Woodland Hills, CA 91364

info@celiac.org

818.716.1513, x101– telephone

818.267.5577 -- facsimile