Making a gift to the Cystic Fibrosis Foundation through Charitable IRA Rollover

Receive a Tax Break While Adding Tomorrows

You can have an instant impact our mission and the lives of those affected by CF and may see a tax break with your gift of a Charitable IRA Rollover.

With this gift, you can:

- Avoid paying tax on your gift and all, or part, of your minimum distribution requirement
- Enjoy a quick and easy estate tax reduction
- Join the Foundation in your shared vision to find a permanent, one-time cure for CF

FAQ’s:

- **Who qualifies for this gift?**
  Individuals who are 70 1/2 and older are eligible to give this gift.

- **What accounts can I transfer from?**
  Your Required Minimum Distribution transfer must go directly from your IRA (either Roth or traditional) to the Cystic Fibrosis Foundation.

- **How much can I transfer?**
  You may transfer any amount up to $100,000 per year, total. This amount can come from any and all IRA accounts you have.

- **How do I make a Charitable IRA Rollover?**
  To make your gift, contact your IRA administrator and, if needed, provide them with our Tax ID number: 13-1930701. A copy of a letter of authorization to send to your IRA administrator is available below.

To learn more about how to make a Charitable IRA Rollover to the Cystic Fibrosis Foundation, contact Amanda Zar, Planned Giving Director at azar@cff.org or 301-907-2582.

Cystic Fibrosis Foundation
4550 Montgomery Ave
Suite 1100 N
Bethesda, MD 20814
Sample Letter

Request from IRA Owner to Administrator for Charitable Distribution
from IRA to the Cystic Fibrosis Foundation

[Date]

[IRA Administrator Name]
[IRA Administrator Address]

Re: Request for Charitable Distribution from Individual Retirement Account

Dear Sir or Madam:

Please accept this letter as my request to make a direct charitable distribution from my Individual Retirement Account # ________________.

Please issue a check in the amount of $___________ [not to exceed $100,000] payable to the Cystic Fibrosis Foundation at the address below:

Cystic Fibrosis Foundation
4550 Montgomery Ave
Suite 1100 N
Bethesda, MD 20814

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

It is my intention to have this transfer qualify for exclusion for the 20__ tax year. Therefore, it is imperative that this distribution be postmarked no later than December 31, 20__.

If you have any questions or need to contact me, I can be reached at ________ [provide telephone number or email address].

Thank you for your assistance in this matter.

Sincerely,

__________________________________
[Your Name, the Plan Owner Name]
[Your Address, the Plan Owner Address]
Amanda Zar
Planned Giving Director
Cystic Fibrosis Foundation
4550 Montgomery Ave
Suite 1100 N
Bethesda, MD 20814

Dear Amanda,

It is my pleasure to inform you that I have requested a qualified charitable distribution from my Individual Retirement Account (IRA) to the Cystic Fibrosis Foundation in the amount of $ [amount] from my plan trustee/administrator, [name of IRA trustee/administrator].

If you have any questions or need to contact me, I can be reached at [telephone #].

Sincerely,

[Your name]