



Qualified Charitable Distribution Form

Date: _____

IRA Plan Administrator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To Whom It May Concern,

Please accept this form as my request to make a direct charitable distribution from my

Individual Retirement Account # _____

Issue a check in the amount of \$ _____, payable to The Shadowland Foundation, Inc.
(EIN 87-3265906)

Mail directly to The Shadowland Foundation, Inc. to arrive as soon as possible, but no later than
December 31, to qualify for this calendar year's distribution.

Please send payment directly to:

Shadowland Stages

ATTN: The Shadowland Foundation

98 Center St.

Ellenville, NY 12428

In your transmittal to The Shadowland Foundation, Inc., please include my name and address as the donor.

If you have questions, please contact Ben Williamson, Director of Development at (845) 647-5511 or
ben@shadowlandstages.org

Thank you for your support!

Signature: _____

Printed Name of Account Owner: _____

Address: _____

Phone Number(s): _____