



Qualified Charitable Distribution (QCD/IRA) Confirmation Form

Please provide details about your intended gift to YIVO below. This information is used only to identify your donation when it is received and provide you with your tax acknowledgment letter.

Full Name: _____

Preferred Name: *(optional)* _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Your financial institution:

How much is your intended QCD gift? \$ _____

When will you make your QCD gift? (MM/DD/YYYY) _____

If you are not sure when you will make your gift, please provide the closest date approximation. This helps us correctly locate and verify your gift so that we can provide you with a tax acknowledgment letter.

Where do you want to direct your gift?

☐ Where it is needed most

☐ Archive Fund

☐ Exhibitions Fund

☐ Library Fund

☐ Max Weinreich Educational Fund

☐ Public Programs Fund

☐ Other: _____

Would you like to leave a message with your gift? *(optional)*

Questions?

If you have any questions, please call the Development Office at 212.294.6156.

Please return the completed form to:

YIVO Institute for
Jewish Research
Attn: Development Office
15 West 16th Street
New York, NY 10011