



Qualified Charitable Distribution (QCD)
& Required Minimum Distribution (RMD)
Designated Grant Form

Donor First & Last Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

Anticipated Gift Date: \_\_\_\_\_ Is this gift anonymous? [ ] Yes [ ] No

Name of the Firm the QCD/RMD is Coming From: \_\_\_\_\_

Gift Designations: Please indicate the OICF Fund(s) and/or any non-profit organization that you would like your QCD/RMD to be applied to. Please also include the purpose, e.g. "unrestricted" or a specific program or fund. If you have more than 10 designations, please duplicate this page and complete the bottom portion only. View all funds held at OICF here.

We hope you consider a gift to the OICF Foundation Fund which supports our projects, programs and initiatives that are focused on building a stronger and more resilient community through partnerships that connect people, ideas, resources, and opportunities for greater impact.

Table with 3 columns: Organization Name, Fund/Purpose, Gift Amount. Contains 10 empty rows for data entry.

THANK YOU FOR YOUR GENEROSITY!

Please email completed forms to molly@oicf.us or drop by our office at 33 Urner Street #4, or mail to OICF at PO Box 1496 Eastsound, WA 98245