Qualified Charitable Distribution (QCD) Intent Form

Thank you for considering supporting the ACSM Foundation through a Qualified Charitable Distribution (QCD). This form helps ensure your gift is properly identified, acknowledged, and directed according to your wishes.

Please complete and return this form to the ACSM Foundation at foundation@acsm.org. Submission of this form does not initiate your transfer. This form is for ACSM Foundation internal purposes only. Contact your IRA administrator directly to request your QCD.

Date:

Donor Information

Full Name:

Mailing Address:

City/State/ZIP:

Phone:

Email:

IRA Custodian Information

IRA Custodian/Financial Institution:

Advisor or Representative Name:

Advisor Phone:

Advisor Email:

Gift Information

Estimated Gift Amount: $

Date transfer was or will be initiated:

Please direct my gift to:

- ☐ ACSM Foundation Unrestricted Fund
- ☐ Specific Fund:

In honor/memory of:

Donor Recognition Preferences:

- ☐ Please list my name in donor recognition materials. Name as you would like it listed:

- ☐ I prefer to remain anonymous.

Important Information

- Qualified Charitable Distributions must be made directly from your IRA custodian to the ACSM Foundation.
- Donors must be age 70½ or older to make a QCD.
- Please consult your financial or tax advisor regarding eligibility and tax implications.

Contact Information

Legal Name: American College of Sports Medicine Foundation, Inc
Address: 6510 Telecom Dr, STE 200, Indianapolis, IN 46278
Federal Tax ID (EIN): 31-1096390
Phone: 317-637-9200
Email: foundation@acsm.org