



[Your Name]

[Your Address]
[City, State ZIP]
[Email Address]
[Phone Number]

[Date]

[Bank Name]

[Bank Address]
[City, State ZIP]

Dear **[Bank Name]**,

Please accept this letter as my authorization to initiate a wire transfer to the Cure JM Foundation.

Amount: \$[amount]

I request that the funds be transferred to the Cure JM Foundation's account at Truist Bank as follows:

Bank: Truist
Account Number: 5251138224
Routing Number: 055003308
SWIFT Code: BRBTUS33

Bank Account Address:
Cure JM Foundation
130 Admiral Cochrane Drive
Suite 200
Annapolis, MD 21401

Please coordinate with Cure JM to ensure proper processing of this donation. If you need additional information, please contact:

Shannon Malloy
Director of Development, Cure JM Foundation
Email: Shannon.Malloy@curejm.org
Cell: (512) 709-1905

Thank you for your assistance in facilitating this contribution.

Sincerely,
[Donor Name]