

Beneficiary Identification Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Charity Organization Name] to identify and facilitate charitable donations on my behalf. This authorization includes all necessary information needed to ensure proper identification of the beneficiaries in accordance with the objectives of the philanthropic activities.

Details of the Beneficiary:

- Name: [Beneficiary's Name]
- Address: [Beneficiary's Address]
- Contact Information: [Beneficiary's Contact Info]

This authorization is valid until [Specify Expiry Date] or until revoked in writing by me.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]