Rotary

THE ROTARY FOUNDATION CONTRIBUTION FORM

Contributions can also be made at www.rotary.org/give.

| I. DUNUK OF CONTRIBUTION | | |
|--|---|--------------------------------------|
| Type of Donor (Check one): \square Individual \square Rotary club \square Rotaract/Integration \square Charitable organization/Foundation \square C | eract club | |
| Name: | | Donor ID: |
| Club Name: | Club No: | _ District No: |
| Billing Address: | City: | _ State/Province: |
| Country: | Postal Code: | |
| Daytime Phone: | Email Address: | |
| 2. DESIGNATION/PURPOSE (Check one): | | |
| NOTE: Changes to designation can only be requested within 90 days of gift rece | eipt date within current Rotary year. | |
| □ Annual Fund — SHARE □ Endowment Fund — W □ PolioPlus Fund □ Endowment Fund — SI □ Approved Foundation grant (number mandatory) | orld Fund ☐ Endowment Fund — I | - |
| 3. CONTRIBUTION DETAILS | | |
| Amount of contribution Currency | | |
| Type of Payment: (Check one). For security purposes, please do not send cr Credit card: | can Express Ily (Select month) Diration Date: | |
| □ Check — Payable to "The Rotary Foundation." Check number | - | |
| | | fa:::::::::::::::::::::::::::::::::: |
| □ Wire transfer Date initiated (Please send complete *The card verification number, or CVN, is a three-digit number that appears on front of the card. It typically appears following the digits of your credit card nur | the back of your credit or debit card; for AN | |
| 4. SHIPPING INFORMATION — Recognition materi | als only | |
| If recognition materials from this contribution are requested for individual(s) ot Request Form. | her than donor, please complete the Paul H | arris Fellow Recognition Transfer |
| Presentation Date: □ Please do not send reco | gnition Please keep my gift anonyn | nous |
| Send recognition to: (Check one; if left blank, recognition will be sent to club pr | | |
| ☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foundation | Chair Other, record information below | N |
| Name: | Address: | |
| City, State/Prov.: | . Country, Postal Code: | |
| Daytime Phone: | Email Address: | |
| 5. INDIVIDUAL COMPLETING THIS FORM (if other t | han donor) | |
| Name: | | |
| Email Address: | . Date: | |
| Please send your completed form with contribution only once. | | |

Mail: The Rotary Foundation, 14280 Collections Center Drive, Chicago, IL 60693, USA (Canada: The Rotary Foundation (Canada) c/o 911600, PO Box 4090 STN A, Toronto, ON M5W 0E9, Canada). Email: contact.center@rotary.org. Fax: +1-847-328-5260. For more information, or to make a contribution by phone: 1-866-9ROTARY (1-866-976-8279). Or contact the Rotary International office that serves your area. The contribution amount may not include the value of any goods or services given to an individual donor in consideration for this contribution.

Rotary

PAUL HARRIS FELLOW RECOGNITION TRANSFER REQUEST FORM

Please send your completed form only once. If you have questions regarding recognition or contributions to The Rotary Foundation, please contact Rotary's Support Center at 1-866-9ROTARY (1-866-976-8279), or email: contact.center@rotary.org or, contact the Rotary International office that serves your area.

Contributions can be made at www.rotary.org/give.

1. RECIPIENT OF RECOGNITION

| Transfer Recognition Points to: | | |
|---|-------------------------|------------------|
| Name: | Recipient ID Number: | |
| Club Name: | Club No: | District No: |
| Address: | City: | State/Province: |
| Country: | Postal Code: | |
| Daytime Phone: | Email Address: | |
| 2. TRANSFER RECOGNITION POINTS | | |
| Foundation Recognition Points Amount:(N | /linimum of 100 points) | |
| Transferring Recognition Points from: Individual ID Number: | Club Number: | District Number: |
| AUTHORIZED SIGNATURE (required): | Print Name: | |
| 3. SHIPPING INFORMATION — Recognition ma | aterials only | |
| Presentation Date: | | |
| Send recognition to: (Check one; if left blank, recognition will be sent to o | club president) | |
| ☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foun | dation Chair | ion below |
| Name: | Address: | |
| City, State/Prov.: | Country, Postal Code: | |
| Daytime Phone: | Email Address: | |
| 4. INDIVIDUAL COMPLETING THIS FORM | | |
| Name: | Daytime Phone: | |
| Email Address: | Date: | |
| | | |

Please send this form to the appropriate address.

UNITED STATES

The Rotary Foundation 14280 Collections Center Drive Chicago, IL 60693 USA Tel: 1-866-976-8279 (toll-free) Fax: +1-847-328-4101

CANADA

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