2025-26 Corporate Membership Renewal & Pledge Form



PRIMARY CONTACT/MEMBER NAME (1)			Payment Due: July 31, 2025		
ORGANIZATION			Select One:		
			☐ Pay in full by check or credit card		
ADDRESS CITY STATE ZIP		ID	☐ Authorize recurring monthly credit card payment (includes 3% processing fee)		
	SINIL ZI				
PRIMARY CONTACT EMAIL					
PRIMARY CONTACT CELL PHONE	WORK/HOME PHONE				
Annual Membership:			Minimum Required	Pledge Amount	
Corporate Membership Dues Payable to Rotary Club of Flint Funds club operations, and Rotary International and District 6330 dues			\$800 (\$66.67/month)		
Flint Rotary Charitable Foundation Payable to Flint Rotary Charitable Foundation Charitable contribution supports grantmaking in lieu of fundraising			\$450 (\$37.50/month)		
			TOTAL:		
Suggested Contribution:		'	Suggested Amount		
Rotary Club of Flint Meal Sponsor Payable to Rotary Club of Flint Supports \$20/meal cost for guest speakers and visiting students			\$80		
Flint Rotary Endowment Fund Payable to Community Foundation of	· ·	S 0,	\$		
Jack Hamady Fellow = \$1,000 in cumulative gifts supporting local and international grantmaking, now and into the future			Suggested amount \$100		
Rotary International Foundation Payable to Rotary International or gi		/annual-fund	_		
Recommended fund is Annual Fund-SHARE In 3 years, half of the donations are shared with the District for grantmaking initiatives.			\$ Suggested amount \$100		
Paul Harris Fellow = \$1,000 in cumula scholarships and vocational training team		national projects,			
Rotary International — Polio Plu		Analian Iva f	ė		
Payable to Rotary International or gi Supports signature international project		/polioplus-fund	\$		
Polio Plus Society = \$100 annually	. to ordinate politi		Suggested amount \$50		
		TOTAL:			

Form continues on the back

2025-26 Corporate Membership Renewal & Pledge Form



Print Name		Signature		Date
Thank you for your service abo	ove self!			
□ I will pay in full by check or cred side of this form.	lit card by July 31, 2025. Plea	ase write separate che	cks to each organization	, payable as listed on the front
□ I will pay monthly by credit card June 1, 2026. A 3% processing				
Credit Card #		Exp. Date		Sec. Code
Signature				- Date
Invoice My Organization:				
Organization Name				
Organization Address				
	State	Zip	Attention	
City				
City Member Name (2)	Email		Cell	

Ellen Echols, at elbros@umich.edu