

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

1. DONOR OF CONTRIBUTION			
Type of Donor (Check one): ☐ Individual ☐ Rotary club ☐ Rotaract/li			
☐ Charitable organization/Foundation ☐			
Name:			
Club Name:	Club No:	District No:	
Billing Address:	City:	State/Province:	
Country:	Postal Code:		
Daytime Phone:	Email Address:	annoverhannoverhannoverhannoverhannoverhannoverhannoverhannoverhannoverhannoverhannoverhannoverhannoverhannoverh	
2. DESIGNATION/PURPOSE (Check one):			
NOTE: Changes to designation can only be requested within 90 days of gift re	eceipt date within curre	nt Rotary year.	
☐ Annual Fund — SHARE ☐ Endowment Fund — ☐ PolioPlus Fund ☐ Endowment Fund — ☐ Approved Foundation grant		Endowment Fund — Rotary Peace Centers Other	
3. CONTRIBUTION DETAILS			
Amount of contribution Currency			
Type of Payment: (Check one). For security purposes, please do not send	credit card contributi	ons via email.	
Credit card: ☐ Visa ☐ MasterCard ☐ Diners Club ☐ JCB ☐ Ame			
Make this a recurring contribution: Monthly Quarterly Ann	ually (Select month)		
Card Number			
	Expiration Date:	CVN*:	_
Name as it appears on credit card:	Signa	nture:	
☐ Check — Payable to "The Rotary Foundation." Check number			
☐ Wire transfer Date initiated(Please send comp	pleted contribution form	as soon as possible after initiating a wire t	ransfer.)
*The card verification number, or CVN, is a three-digit number that appears of front of the card. It typically appears following the digits of your credit card r	·	it or debit card; for AMEX, it is a four-digit i	number on the
4. SHIPPING INFORMATION — Recognition mate	erials only		
If recognition materials from this contribution are requested for individual(s) Request Form.	other than donor, pleas	e complete the Paul Harris Fellow Recogniti	on Transfer
Presentation Date: ☐ Please do not send re Send recognition to: (Check one; if left blank, recognition will be sent to club	•	e keep my gift anonymous	
☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foundati	ion Chair 🔲 Other, rec	ord information below	
Name:	Address:		
City, State/Prov.:	Country, Postal Cod	e:	
Daytime Phone:	Email Address:		
5. INDIVIDUAL COMPLETING THIS FORM (if other	r than donor)		
Name:	Daytime Phone:		
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.