

THE ROTARY CLUB OF LONG GROVE, ILLINOIS CHARITABLE FOUNDATION

CONTRIBUTION FORM

1. DONOR OF CONTR Type of Donor (Check one)	□Individual □Rotary club □F	FION □ Individual □ Rotary club □ Rotaract / Interact club □ District □ Business □ Charitable organization / Foundation	
	Other		
Name:		Donor ID:	
Club Name:	Club No:	District No:	
Billing Address:	City:		
State/Province:	Country:	Postal Code:	
Daytime Phone:	Email Address:		
2. DESIGNATION/PUR	POSE (Check one):		
	m of the Club (specify program) dation General Fund □PolioPlus Fun	nd □Other	
Amount of contribution:	Check number:		
Please make check payable	to "The Rotary Club of Long Grove, I	llinois Charitable Foundation."	
We can accept credit card c	ontributions. Contact us for longgro	verotaryinfo@gmail.com for details.	
5. INDIVIDUAL COMP	LETING THIS FORM (if other than	n donor)	
Name:	Daytime Phone		
Email Address:		Date:	
Please send your complete	ed form with contribution.		
Mail: The Rotary Club o P.O. Box 111	f Long Grove, Kildeer, and Hawtho	rn Woods	

A receipt will be issued for all donations.

Long Grove, IL 60047

The Rotary Club of Long Grove, Illinois Charitable Foundation Contribution Form, Page 1