



THE ROTARY FOUNDATION CONTRIBUTION FORM

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

1. DONOR OF CONTRIBUTION

Type of Donor (Check one): 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/PURPOSE (Check one):

NOTE: Changes to designation can only be requested within 90 days of gift receipt date within current Rotary year.

- Annual Fund — SHARE
- PolioPlus Fund
- Approved Foundation grant _____ (number mandatory)
- Endowment Fund — World Fund
- Endowment Fund — SHARE
- 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 contributions via email.

Credit card: Visa MasterCard Diners Club JCB American Express

Make this a recurring contribution: Monthly Quarterly Annually (Select month) _____

Card Number

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Expiration Date: _____ CVN*: _____

Name as it appears on credit card: _____ Signature: _____

Check — Payable to "The Rotary Foundation." Check number _____

Wire transfer Date initiated _____ (Please send completed contribution form as soon as possible after initiating a wire transfer.)

*The card verification number, or CVN, is a three-digit number that appears on the back of your credit or debit card; for AMEX, it is a four-digit number on the front of the card. It typically appears following the digits of your credit card number.

4. SHIPPING INFORMATION — Recognition materials only

If recognition materials from this contribution are requested for individual(s) other than donor, please complete the Paul Harris Fellow Recognition Transfer Request Form.

Presentation Date: _____ Please do **not** send recognition Please keep my gift anonymous

Send recognition to: (Check one; if left blank, recognition will be sent to club president)

Club President Club Secretary Club Treasurer Club Foundation Chair Other, record information below

Name: _____ Address: _____

City, State/Prov.: _____ Country, Postal Code: _____

Daytime Phone: _____ Email Address: _____

5. INDIVIDUAL COMPLETING THIS FORM (if other 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.



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: _____ (Minimum of 100 points)

Transferring Recognition Points from: Individual ID Number: _____ Club Number: _____ District Number: _____

AUTHORIZED SIGNATURE (required): _____ Print Name: _____

3. SHIPPING INFORMATION — Recognition materials only

Presentation Date: _____

Send recognition to: (Check one; if left blank, recognition will be sent to club president)

Club President Club Secretary Club Treasurer Club Foundation Chair Other, record information 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
contact.center@rotary.org

CANADA

The Rotary Foundation (Canada)
c/o 911600
P.O. Box 4090 STN A
Toronto, ON M5W 0E9
Canada
Tel: 1-866-976-8279 (toll-free)
Fax: +1-847-328-4101
contact.center@rotary.org

GERMANY

Rotary Deutschland
Gemeindienst e. V.
Kreuzstraße 34
40210 Düsseldorf
Germany

RI BRAZIL OFFICE

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01156-000
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RI EUROPE AND AFRICA OFFICE

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Tel: (41-44) 387 71 11
Fax: (41-44) 422 50 41
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RI JAPAN OFFICE

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Fax: (81-) 03-5439-0405
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RI KOREA OFFICE

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RI SOUTH ASIA OFFICE

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New Delhi 110 001
India
Tel: (91-11) 42250101
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risao@rotary.org

RI SOUTHERN SOUTH AMERICA OFFICE

Rotary International
Florida 1, Piso 2
1005 Buenos Aires, CF
Argentina
Tel: (54-11) 5032-0096/98
Fax: (54-11) 5032-0099
risud@rotary.org

RI SOUTH PACIFIC AND PHILIPPINES OFFICE

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P.O. Box 1415
Parramatta, NSW 2124
Australia
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Fax: (61-2) 8894 9899
risppo@rotary.org

RI GREAT BRITAIN AND IRELAND (RIBI) OFFICE

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Alcester
Warwickshire B49 6PB
England
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Fax: 01789 764916
rfuk@ribi.org