



**ROTARY FOUNDATION
ERADICATE POLIO DONATION**

Name _____

**YES, I WANT TO SUPPORT
THE ERADICATION OF POLIO**

- Please bill me on my next quarterly invoice for a one-time donation of \$ _____
- I wish to make a yearly donation to the Rotary Foundation (RI) in the **amount of \$ _____** (to be billed quarterly starting with next billing) specifically for Polio Eradiction
- Donation attached in the amount of \$ _____

*Return form either by email at dewintexas@sbcglobal.net or mail to:
Dawn Tholcken
P. O. Box 2699
Texas City, TX 77592*