



*SERVING THE NEW JERSEY TOWNS OF PEQUANNOCK, LINCOLN PARK AND RIVERDALE
"SERVICE ABOVE SELF"*

*To learn of the many ways your contribution dollars are used visit:
www.PequannockValleyRotary.org*

1. DONOR OF CONTRIBUTION

Name: _____

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.

General Fund

Scholarship

Rotary International

Rotary International Polio Plus

Save- Life

Gift of Life

3. CONTRIBUTION DETAILS

Amount of contribution _____

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

4. INDIVIDUAL COMPLETING THIS FORM (if other than donor)

Name: _____ Daytime Phone: _____

Email Address: _____ Date: _____

Please send your completed form with contribute ... Thanks You

**Mail: The Pequannock Valley Rotary Foundation
PO Box 16
Pequannock, NJ 07440**