

Name \_\_\_\_\_



**Rotary Club of La Crosse Foundation Pledge**

**TWO-YEAR PLEDGE**

**January 2024-December 2025**

**ANNUAL PLEDGES**

**Rotary International Annual Fund**

\$750 \_\_\_\_\_ \$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

**Rotary International Polio Plus**

\$750 \_\_\_\_\_ \$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

**Rotary Works Foundation (local projects)**

\$750 \_\_\_\_\_ \$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

\_\_\_\_\_ No change to my current pledges

**PAYMENT OPTIONS**

\_\_\_\_\_ Please divide my pledge into four quarterly payments and bill me.

Please bill me for my total annual pledge in:

\_\_\_\_\_ January \_\_\_\_\_ April \_\_\_\_\_ July \_\_\_\_\_ October

\_\_\_\_\_ I will write a check for my annual pledge.

\_\_\_\_\_ I will be making payments directly to RW, RI, or Polio Plus direct.

\_\_\_\_\_ Sorry, I cannot make a pledge at this time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*\*\* I understand that I can change my pledge at any time. \*\**