THE ROTARY FOUNDATION CONTRIBUTION FORM

Contributions can also be made at rotary.org/donate.

1. DONOR OF CONTRIBUTION

Type of Donor (Check one): ☐ Individual ☐ Rotary club ☐ Rotaract 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):

☐ Annual Fund — SHARE ☐ PolioPlus ☐ Disaster Response
☐ Endowment - _____ ☐ Global Grant # _____ ☐ 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

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):

☐ Club President ☐ 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.

Data privacy is important to Rotary International and The Rotary Foundation (collectively, "Rotary") and the personal data shared with Rotary will only be used for official Rotary business to support Rotary's core business purposes. Personal data collected on this form is subject to Rotary's Privacy Policy found at my.rotary.org/en/privacy-policy.

Mail: The Rotary Foundation, 14280 Collections Center Drive, Chicago, IL 60693, USA (Canada: The Rotary Foundation (Canada) c/o 911600, P.O. Box 4090 STN A, Toronto, ON M5W 0E9, Canada). **Email:** rotarysupportcenter@rotary.org. 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.