

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

| 1. DONOR OF CONTRIBUTION | | |
|---|---|------------------------------------|
| Type of Donor (Check one): ☐ Individual ☐ Rotary club ☐ Rotaract/In☐ Charitable organization/Foundation ☐ | teract club District District Business 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 red ☐ Annual Fund — SHARE ☐ Endowment Fund — SHARE ☐ PolioPlus Fund ☐ Endowment Fund — SHARE ☐ Change Shapproved Foundation grant ☐ Change Shapproved Foundat | | - |
| 3. CONTRIBUTION DETAILS | | |
| Amount of contribution Currency | | |
| Type of Payment (Check one): For security purposes, please do not send c | redit card contributions via email. | |
| □ Credit card: □ Visa □ MasterCard □ Diners Club □ JCB □ An Make this a recurring contribution: □ Monthly □ Quarterly □ Annu Card Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | ally (Select month) | |
| □ Check — Payable to "The Rotary Foundation." Check number — | - | |
| □ Wire transfer Date initiated(Please send completed | | ofter initiating a wire transfer |
| *The card verification number, or CVN, is a three-digit number that appears or front of the card. It typically appears following the digits of your credit card number. | the back of your credit or debit card; for A | - |
| 4. SHIPPING INFORMATION — Recognition mater | rials only | |
| If recognition materials from this contribution are requested for individual(s) of Request Form. $ \\$ | other than donor, please complete the Paul H | Harris Fellow Recognition Transfer |
| Presentation Date: ☐ Please do not send recognition to (Check one; if left blank, recognition will be sent to club p☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foundation | resident): | |
| Name: | Address: | |
| City, State/Prov.: | Country, Postal Code: | |
| Daytime Phone: | Email Address: | |
| 5. INDIVIDUAL COMPLETING THIS FORM (if other | than donor) | |
| Name: | • | |
| Email Address: | Date: | |

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: rotarysupportcenter@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.

Please send your completed form with contribution only once.



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 rotarysupportcenter@rotary.org, or contact the Rotary International office that serves your area.

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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:(N | Minimum of 100 points) | |
| Transferring Recognition Points from: Individual ID Number: | Club Number: | District Number: |
| AUTHORIZED SIGNATURE (required): | Print Name: | |
| 3. SHIPPING INFORMATION — Recognition ma | aterials only | |
| Presentation Date: | | |
| Send recognition to (Check one; if left blank, recognition will be sent to c | club president): | |
| ☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Four | ndation Chair | ion 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 rotarysupportcenter@rotary.org

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