



PolioPlus Partners Remittance Form

Thank you for your contribution to PolioPlus Partners. Please complete both pages of this form and include it with your payment to ensure proper recognition of your contribution.

I. POLIOPLUS PARTNERS CASH CONTRIBUTION:

Local Currency Amount: _____ Date: _____

Club: _____ District: _____

Method by which funds are being sent: (Please select one)

- Wire Transfer
- Check Draft
- Credit Card

Note: The Trustees of The Rotary Foundation will match US\$.50 for every US\$1.00 of cash contributed to PolioPlus Partners. US\$1.5 million is available in matching funds. Once these funds are fully utilized, contributions will not be matched.

PLEASE SEND YOUR CONTRIBUTION TO THE APPROPRIATE ADDRESS

United States
The Rotary Foundation
14280 Collections Center Drive
Chicago, IL 60693 USA

Canada
The Rotary Foundation
(Canada)
Box B9322, P.O. Box 9100
Postal Station F
Toronto, ON M4Y 3A5
Canada
Germany
Rotary Deutschland
Gemeindienst e. V.
Breite Strasse 34
40212 Düsseldorf
Germany

RI Brazil Office
Rua Tagipuru 209
01156-000
São Paulo, SP
Brazil
RI Europe and Africa
Office
Witikonstrasse 15
CH-8032 Zurich
Switzerland

RI Japan Office
NS3 Building 1F
2-51-3 Akabane, Kita-ku
Tokyo 115-0045
Japan
RI Korea Office
Room 705, Miwon
Building
43 Yoido-dong
Yongdungpo-gu
Seoul 150-733
Korea

RI South Asia Office
Thapar House
2nd Floor, Central Wing
124 Janpath
New Delhi 110 001
India
RI Southern South
America Office
Florida 1, Piso 2
1005 Buenos Aires, CF
Argentina

RI South Pacific and
Philippines
Office
McNamara Centre, Level 2
100 George Street
Parramatta, NSW 2150
Australia

RI in Great Britain and
Ireland (RIBI)
Office
Kinwarton Road
Alcester
Warwickshire B49 6PB
England

In countries with currency restrictions, please contact your district Rotary Foundation committee chair or RI international office for the address to send contributions.

II. DISTRICT DESIGNATED FUNDS CONTRIBUTIONS (Optional):

- I would like to allocate District Designated Funds (DDF) from my district to a PolioPlus Partners project, as authorized by my current district governor and district Rotary Foundation committee chair.

Note: The Trustees of The Rotary Foundation will match US\$.50 for every US\$1.00 of DDF contributed to PolioPlus Partners in Rotary year 2006-07.

Authorizing Signature: _____

District Rotary Foundation Committee Chair	Date	Amount	District
_____	_____	_____	_____

III. PROJECT SELECTION: Please indicate the projects you would like to support.

- Apply these funds for the highest priority project -- Project #: P307PPC001
- Support of Open Projects:

1st Choice _____ Project #: P3 _____
2nd Choice _____ Project #: P3 _____

Note: If 1st or 2nd choice project is not available, your contribution will be used for the current highest priority project.

View PolioPlus Partners Open Projects at

www.rotary.org/foundation/polioplus/partners/about.html



TRF GLOBAL CONTRIBUTION FORM

INDIVIDUAL COMPLETING THIS FORM

Name _____

Daytime Telephone (_____) _____ Date _____

E-mail _____

I. CONTRIBUTION DETAILS

Do not send cash. Please disregard options that do not apply in your country.

Amount of New Contribution _____

Type: *(please check one)*

Check enclosed (payable to The Rotary Foundation) VISA MasterCard AMEX Discover JCB
Credit Card # _____

Check # _____ Expiration Date _____

Currency _____ Name as it appears on credit card _____

Wire transfer
Date _____

Designation: *(please check one)**

Annual Programs Fund (eligible for *SHARE*) PolioPlus

Permanent Fund World Fund (Benefactor recognition only) PolioPlus Partners Project # _____
NUMBER IS OPTIONAL Country _____

Permanent Fund *SHARE* (Benefactor recognition only) Humanitarian Grant # _____
NUMBER IS MANDATORY

World Fund

*** Changes to designation can only be requested within 90 days of gift receipt date within current Rotary year.**

II. DONOR OF CONTRIBUTION

Person Club District Business/Foundation Other

Donor (Mr., Mrs., Ms., Dr.) _____
CIRCLE FAMILY NAME OF PERSON

Donor's ID # _____
IF UNKNOWN, LEAVE BLANK

Address _____

City _____ State/Prov. _____

Country _____ Postal Code _____

Check here if this is a new address.

Daytime Telephone (_____) _____

Rotary Club of Donor _____

Club Number _____ District _____

III. RECIPIENT OF RECOGNITION

Recipient is: *(please check one)*

Same as Donor Other *(give details below)* Memorial *(give details below)*

If Other or Memorial, please complete the following:

Person Business/Foundation

Recipient (Mr., Mrs., Ms., Dr.) _____
CIRCLE FAMILY NAME OF PERSON

Recipient's ID # _____
IF UNKNOWN, LEAVE BLANK

Address _____

City _____ State/Prov. _____

Country _____ Postal Code _____

Rotary Club of Recipient _____
IF NOT A ROTARIAN, LEAVE BLANK

Club Number _____ District _____

IV. RECOGNITION ITEMS MAILING

Processing time for recognition is four to six weeks from receipt of application.

Please do not send recognition.

Check here if recognition is a surprise. Presentation date _____
(If this is a rush request, you may be required to pay shipping charges.)

Please send recognition items to:

Name _____

Address _____

City _____ State/Prov. _____

Country _____ Postal Code _____

Telephone (_____) _____

V. RECOGNITION POINTS TRANSFER

If this contribution is being "matched" or augmented with Foundation Recognition Points from the donor's account, please complete the appropriate spaces below.

Foundation Recognition Points From:

Club Amount _____ District Amount _____

Individual Amount _____ ID # _____

Authorized Signature _____

If the transfer request is not from the donor listed in Section II or there are multiple transfers of recognition, please complete a Recognition Transfer Request (102-EN) or attach a list of details.

Please send a copy to your district Rotary Foundation committee chair and retain a copy for your records.