

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

1. DONOR OF CONTRIBUTION		
<b>Type of Donor</b> (Check one)	eract club District Dusiness 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 reco	eipt date within current Rotary year.	
□ Annual Fund — SHARE □ Endowment Fund — W □ PolioPlus Fund □ Endowment Fund — S □ Approved Foundation grant		
3. CONTRIBUTION DETAILS		
Amount of contribution Currency		
Type of Payment: (Check one). For security purposes, please do not send cr	edit card contributions via email.	
Credit card:	illy (Select month) piration Date:	
	-	
□ Check — Payable to "The Rotary Foundation." Check number		
□ Wire transfer Date initiated (Please send comple		_
*The card verification number, or CVN, is a three-digit number that appears on front of the card. It typically appears following the digits of your credit card number.		MEX, it is a four-digit number on the
4. SHIPPING INFORMATION — Recognition materials from this contribution are requested for individual(s) of Request Form.	her than donor, please complete the Paul H	-
Presentation Date: Please do <b>not</b> send reco Send recognition to: (Check one; if left blank, recognition will be sent to club pr	, , , ,	mous
☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foundation		w
Name:	Address:	
City, State/Prov.:	Country, Postal Code:	
Daytime Phone:	Email Address:	
5. INDIVIDUAL COMPLETING THIS FORM (if other t	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: contact.center@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: contact.center@rotary.org or, contact the Rotary International office that serves your area.

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

### 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	linimum of 100 points)		
Transferring Recognition Points from:   Individual ID Number:	☐ Club Number:	District Number:	
AUTHORIZED SIGNATURE (required):	Print Name:		
3. SHIPPING INFORMATION — Recognition ma	nterials only		
Presentation Date:			
Send recognition to: (Check one; if left blank, recognition will be sent to o	club president)		
☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foun	dation 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 contact.center@rotary.org

### CANADA

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contact.center@rotary.org

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### RI BRAZIL OFFICE

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#### RI GREAT BRITAIN AND IRELAND (RIBI) OFFICE Rotary International

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