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1. DONOR OF CONTRIBUTION			
Type of Donor (Check one): ☐ Individual ☐ Rotary club ☐ Rotara ☐ Charitable organization/Foundation	nct club District DBu		
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□ Annual Fund — SHARE □ PolioPlus □ Global Grant # _		☐ Disaster Response ☐ Other	
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Amount of contribution Currency			
Type of Payment (Check one): For security purposes, please do not se	nd credit card contributions	via email.	
Make this a recurring contribution: Monthly Quarterly A	Expiration Date Signatur	CVN*	
☐ Check — Payable to "The Rotary Foundation." Check number			
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5. INDIVIDUAL COMPLETING THIS FORM (if oth			
Name	•		
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Please send your completed form with contribution only once.

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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.