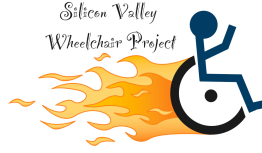


Rotary
District 5170



**GIFT ACCEPTANCE FORM
ROTARY DISTRICT 5170 WHEELCHAIR PROJECT 2023-2024**

**Thanks in advance for your donation!
Every \$200 delivers a wheelchair to someone without mobility!**

DONOR INFORMATION

NAME _____	Circle your relationship to our project Family Friends Rotary Club _____ Other _____
ADDRESS _____	
CITY, STATE, ZIP _____	
PHONE _____	
EMAIL _____	

Please make checks payable to:

Rotary District 5170 Foundation
MEMO: 2023-2024 Wheelchair Project

& MAIL TO:

Rotary District Foundation
P.O. Box 1166
Livermore, CA 94551

Amount \$ _____	Check No. _____
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This Acceptance Form confirms, pursuant to section 170 of the Internal Revenue Code of 1986, as amended, that the Rotary District Foundation has not provided you with any goods or services in exchange for this contribution.