



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

Charitable organization/Foundation Other Donor ID number	1. DONOR OF CONTRIBUTION					
Donor ID number District n		·				
Club name	•					
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City						
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Contribution Currency Credit card Mastercard American Express Discover Card JCB Make this a recurring contribution: Monthly Quarterly Annually CVN* Name as ir appears on credit card Check number Check	,					
Annual Fund — SHARE	Daytime phone	E-mail address				
PolioPlus	2. DESIGNATION/PURPOSE: (CHECK O	ne)				
Other	\square Annual Fund — SHARE	☐ Permanent Fund — World Fund ☐ Permanent Fund — Rotary Peace Centers				
Amount of contribution	□ PolioPlus	☐ Permanent Fund — SHARE				
Amount of contribution	□ Other	□ Approved Foundation grant (number mandatory)				
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Credit card Visa Mastercard American Express Discover Card JCB Make this a recurring contribution: Monthly Quarterly Annually (Select month)	Amount of contribution	Currency				
Make this a recurring contribution: Monthly Quarterly Annually (Select month) Credit card number Expiration Date Monthly CVN* CVN*	Type of Payment: (Check one)					
Credit card number Expiration Date	□ Credit card □ Visa □ Mastercard □	□ American Express □ Discover Card □ JCB				
Name as it appears on credit card	Make this a recurring contribution: Monthly	Quarterly Annually(Select month)				
Check Payable to "The Rotary Foundation." Check number □ Wire transfer Date initiated 4. SHIPPING INFORMATION — RECOGNITION MATERIALS ONLY Presentation Date □ Please do not send recognition □ Please keep my gift anonymous Send recognition to: (Check one; if left blank, recognition will be sent to club president) □ Other, record information below □ Donor □ Club president □ District governor □ Other, record information below Name — Address	Credit card number	Expiration Date M M Y Y CVN*				
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Presentation Date	☐ Wire transfer Date initiated					
Send recognition to: (Check one; if left blank, recognition will be sent to club president) Donor Club president District governor Other, record information below Address	4. SHIPPING INFORMATION — RECO	NITION MATERIALS ONLY				
□ Donor □ Club president □ District governor □ Other, record information below Name Address	Presentation Date	☐ Please do not send recognition ☐ Please keep my gift anonymous				
Name Address	Send recognition to: (Check one; if left blank, recogni	tion will be sent to club president)				
	□ Donor □ Club president □ District	governor Other, record information below				
	Name	Address				
City/State/ProvinceCountry/Postal code	City/State/Province	Country/Postal code				
5. INDIVIDUAL COMPLETING THIS FORM (IF OTHER THAN DONOR)	5. INDIVIDUAL COMPLETING THIS FO	RM (IF OTHER THAN DONOR)				
Name Daytime phone	Name	Daytime phone				
E-mail Date						

Please send your completed form with contribution only once. Contributions can also be made at www.rotary.org/contribute.

Mail: 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) E-mail: contact.center@rotary.org. Fax: 1-847-328-4101. For more information, or to make a contribution by phone: 1-866-9ROTARY (1-866-976-8279).

*The card verification number, or CVN, is a three-digit number that appears on the back of your credit or debit card, for AMEX, it is a four-digit number on the front of the card. It typically appears following the digits of your credit card number.



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 the Contact Center at 866-9ROTARY (1-866-976-8279), or e-mail: contact.center@rotary.org, or, contact the Rotary office that services your area. Contributions can be made at www.rotary.org/contribute.

1. RECIPIENT OF RECOGN	ITION			
Transfer Recognition Points to:				
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Daytime phone #		E-mail address		
2. TRANSFER RECOGNITION	ON POINTS			
Foundation Recognition Points am	ount (Minimu	ım of 100 points)		
Transferring Recognition Points from	·	• ,		
0 0	□ Club number	□ District nu	mber	
AUTHORIZED SIGNATURE (1	required)			
Print name				
2. SHIPPING INFORMATIO	ON — RECOGNITION MATE	RIALS ONLY		
Presentation Date	☐ Please do <u>not</u> send	l recognition		
Send recognition to: (Check one; if le	eft blank, recognition will be sent to c	lub president)		
☐ Donor ☐ Club officer	☐ District officer ☐ Othe	er, record information below		
Name		Address		
		Country/Postal code		
•		•		
4. INDIVIDUAL COMPLETI	ING THIS FORM (IF OTHER	THAN AUTHORIZED SIG	GNER)	
Name		Daytime phone		
E-mail	Da	te		
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