

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

1. DONOR OF CONTRIBUTION		
Type of Donor (Check one): \square Individual \square Rotary club \square Rotaract/Inte \square Charitable organization/Foundation \square 0	eract club District Business uther:	
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 rece	eipt date within current Rotary year.	
□ Annual Fund — SHARE □ Endowment Fund — W □ PolioPlus Fund □ Endowment Fund — SH □ Approved Foundation grant (number mandatory)		
3. CONTRIBUTION DETAILS		
Amount of contribution Currency		
Type of Payment (Check one): For security purposes, please do not send cre	edit card contributions via email.	
□ Credit card: □ Visa □ MasterCard □ Diners Club □ JCB □ Ame Make this a recurring contribution: □ Monthly □ Quarterly □ Annual Card Number Exp. Name as it appears on credit card: □	lly (Select month)	
	_	
□ Check — Payable to "The Rotary Foundation." Check number		
☐ Wire transfer Date initiated (Please send complet		
*The card verification number, or CVN, is a three-digit number that appears on t front of the card. It typically appears following the digits of your credit card num		nEx, it is a four-digit number on the
4. SHIPPING INFORMATION — Recognition materi	als only	
If recognition materials from this contribution are requested for individual(s) oth Request Form.	ner than donor, please complete the Paul H	larris Fellow Recognition Transfer
Presentation Date: Please do not send reco	gnition	mous
Send recognition to (Check one; if left blank, recognition will be sent to club pre		
☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foundation	Chair Other, record information below	W
Name:	Address:	
City, State/Prov.:	Country, Postal Code:	
Daytime Phone:	Email Address:	
5. INDIVIDUAL COMPLETING THIS FORM (if other t	han donor)	
Name:	Daytime Phone:	
Email Address:	Date:	

Please send your completed form with contribution only once.

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. 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.



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 rotarysupportcenter@rotary.org, or contact the Rotary International office that serves your area.

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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: (Minimu	um of 100 points)		
Transferring Recognition Points from: 🗆 Individual ID Number:	Club Number:	District Number:	
AUTHORIZED SIGNATURE (required):	Print Name:		
3. SHIPPING INFORMATION — Recognition mater	ials only		
Presentation Date:			
Send recognition to (Check one; if left blank, recognition will be sent to club pr	resident):		
☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foundation	n Chair	w	
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 rotarysupportcenter@rotary.org

CANADA

The Rotary Foundation (Canada) c/o 911600 P.O. Box 4090 STN A Toronto, ON M5W 0E9 Canada Tel: 1-866-976-8279 (toll-free)

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