



THE ROTARY FOUNDATION MULTIPLE DONOR FORM

EVERY
ROTARIAN
EVERY
YEAR

Complete this form when submitting a single contribution reflecting the combined gifts of multiple club members.
Please do not send cash.

Contributions to credit Rotary Club of _____
Club Name Club # District #

Individual completing this form: _____
Name Telephone E-mail Date

CONTRIBUTION METHOD	Credit Card Contribution — To Credit Multiple Donors (Disregard this section if contributing by check or wire transfer.)															
<input type="checkbox"/> Check (payable to <i>The Rotary Foundation</i>) <input type="checkbox"/> Credit Card (Complete credit card section.) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/> Diner's Club <input type="checkbox"/> JCB <input type="checkbox"/> Wire Transfer (Notify appropriate RI office for instructions.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Credit Card Number</td> <td style="width: 15%;">Expiration Date</td> <td style="width: 25%;">Security Code</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;">M M Y Y</td> </tr> <tr> <td colspan="3">Name as it appears on card</td> </tr> <tr> <td colspan="3">Signature of cardholder</td> </tr> </table>	Credit Card Number	Expiration Date	Security Code				M M Y Y			Name as it appears on card			Signature of cardholder		
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Please provide each individual donor's membership ID, name, and personal contribution amount. Membership ID numbers may be obtained from the club secretary and are also listed on the Club Recognition Summary (CRS). A contribution of any amount, from every Rotarian, will truly make a difference.

Contribution Designation (choose one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Annual Programs Fund
(eligible for <i>SHARE</i>) | <input type="checkbox"/> World Fund | <input type="checkbox"/> PolioPlus Partners # _____ Country _____ |
| | <input type="checkbox"/> PolioPlus | <input type="checkbox"/> Humanitarian Grant # _____ |

Individual Donor Details (Identify and allocate individual contribution amounts.)					
Membership ID #	Donor Name (as appears on CRS)	Contribution Amount	Membership ID #	Donor Name (as appears on CRS)	Contribution Amount
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		
Total (Amount of contribution submitted)					

Please do not enclose any additional correspondence. For contribution or recognition questions, please call The Rotary Foundation Contact Center at 866-9-ROTARY (866-976-8279), or e-mail: contact.center@rotary.org, or contact the RI office that services your area.

Please send your contributions to the appropriate address:

United States
 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
 Canada

THANK YOU!