



PolioPlus Partners Remittance Form

Thank you for your contribution to PolioPlus Partners. Please complete both pages of this form and include it with your payment to ensure proper recognition of your contribution.

I. POLIOPLUS PARTNERS CASH CONTRIBUTION:

Local Currency Amount: _____ Date: _____

Club: _____ District: 5520

Method by which funds are being sent: (Please select one)

- Wire Transfer
 Check Draft
 Credit Card

Note: The Trustees of The Rotary Foundation will match US\$.50 for every US\$1.00 of cash contributed to PolioPlus Partners. US\$2 million is available in matching funds. Once these funds are fully utilized, contributions will not be matched.

PLEASE SEND YOUR CONTRIBUTION 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
 Germany
 Rotary Deutschland
 Gemeindienst e. V.
 Breite Strasse 34
 40212 Düsseldorf
 Germany

RI Brazil Office
 Rua Tagipuru 209
 01156-000
 São Paulo, SP
 Brazil
 RI Europe and Africa
 Office
 Witikonstrasse 15
 CH-8032 Zurich
 Switzerland

RI Japan Office
 NS3 Building 1F
 2-51-3 Akabane, Kita-ku
 Tokyo 115-0045
 Japan
 RI Korea Office
 Room 705, Miwon
 Building
 43 Yoido-dong
 Yongdungpo-gu
 Seoul 150-733
 Korea

RI South Asia Office
 Thapar House
 2nd Floor, Central Wing
 124 Janpath
 New Delhi 110 001
 India
 RI Southern South
 America Office
 Florida 1, Piso 2
 1005 Buenos Aires, CF
 Argentina

RI South Pacific and
 Philippines
 Office
 McNamara Centre, Level 2
 100 George Street
 Parramatta, NSW 2150
 Australia

RI in Great Britain and
 Ireland (RIBI)
 Office
 Kinwarton Road
 Alcester
 Warwickshire B49 6PB
 England

In countries with currency restrictions, please contact your district Rotary Foundation committee chair or RI international office for the address to send contributions.

II. DISTRICT DESIGNATED FUNDS CONTRIBUTIONS (Optional):

- I would like to allocate District Designated Funds (DDF) from my district to a PolioPlus Partners project, as authorized by my current district governor and district Rotary Foundation committee chair.

Note: The Trustees of The Rotary Foundation will match US\$.50 for every US\$1.00 of DDF contributed to PolioPlus Partners.

Authorizing Signature: _____

District Rotary Foundation Committee Chair	Date	Amount	District

III. PROJECT SELECTION: Please indicate the projects you would like to support.

- Apply these funds for the highest priority project -- Project #: P307PPC001

- Support of Open Projects:

1st Choice _____ Project #: P3 _____
 2nd Choice _____ Project #: P3 _____

Note: If 1st or 2nd choice project is not available, your contribution will be used for the current highest priority project.

View PolioPlus Partners Open Projects at
www.rotary.org/foundation/polioplus/partners/about.html





TRF GLOBAL CONTRIBUTION FORM

INDIVIDUAL COMPLETING THIS FORM

Name _____

Daytime Telephone (_____) _____ Date _____

E-mail _____

I. CONTRIBUTION DETAILS

Do not send cash. Please disregard options that do not apply in your country.

Amount of New Contribution _____

Type: *(please check one)*

Check enclosed (payable to The Rotary Foundation) VISA MasterCard AMEX Discover JCB
Credit Card # _____

Check # _____ Expiration Date _____

Currency _____ Name as it appears on credit card _____

Wire transfer
Date _____

Designation: *(please check one)**

Annual Programs Fund (eligible for *SHARE*) PolioPlus

Permanent Fund World Fund (Benefactor recognition only) PolioPlus Partners Project # _____
NUMBER IS OPTIONAL Country _____

Permanent Fund *SHARE* (Benefactor recognition only) Humanitarian Grant # _____
NUMBER IS MANDATORY

World Fund

*** Changes to designation can only be requested within 90 days of gift receipt date within current Rotary year.**

II. DONOR OF CONTRIBUTION

Person Club District Business/Foundation Other

Donor (Mr., Mrs., Ms., Dr.) _____
CIRCLE FAMILY NAME OF PERSON

Donor's ID # _____
IF UNKNOWN, LEAVE BLANK

Address _____

City _____ State/Prov. _____

Country _____ Postal Code _____

Check here if this is a new address.

Daytime Telephone (_____) _____

Rotary Club of Donor _____

Club Number _____ District _____

III. RECIPIENT OF RECOGNITION

Recipient is: *(please check one)*

Same as Donor Other *(give details below)* Memorial *(give details below)*

If Other or Memorial, please complete the following:

Person Business/Foundation

Recipient (Mr., Mrs., Ms., Dr.) _____
CIRCLE FAMILY NAME OF PERSON

Recipient's ID # _____
IF UNKNOWN, LEAVE BLANK

Address _____

City _____ State/Prov. _____

Country _____ Postal Code _____

Rotary Club of Recipient _____
IF NOT A ROTARIAN, LEAVE BLANK

Club Number _____ District _____

IV. RECOGNITION ITEMS MAILING

Processing time for recognition is four to six weeks from receipt of application.

Please do not send recognition.

Check here if recognition is a surprise. Presentation date _____
(If this is a rush request, you may be required to pay shipping charges.)

Please send recognition items to:

Name _____

Address _____

City _____ State/Prov. _____

Country _____ Postal Code _____

Telephone (_____) _____

V. RECOGNITION POINTS TRANSFER

If this contribution is being "matched" or augmented with Foundation Recognition Points from the donor's account, please complete the appropriate spaces below.

Foundation Recognition Points From:

Club Amount _____ District Amount _____

Individual Amount _____ ID # _____

Authorized Signature _____

If the transfer request is not from the donor listed in Section II or there are multiple transfers of recognition, please complete a Recognition Transfer Request (102-EN) or attach a list of details.

Please send a copy to your district Rotary Foundation committee chair and retain a copy for your records.