



# 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"/> <b>Check</b> (payable to <i>The Rotary Foundation</i> )  <input type="checkbox"/> <b>Credit Card</b> (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"/> <b>Wire Transfer</b> (Notify appropriate RI office for instructions.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Credit Card Number</td> <td style="border-bottom: 1px solid black; width: 20%;">Expiration Date</td> <td style="border-bottom: 1px solid black; width: 20%;">Security Code</td> </tr> <tr> <td style="text-align: center; font-size: small;">M M Y Y</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Name as it appears on card</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">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):

- Annual Programs Fund** (eligible for *SHARE*)     
  **World Fund**     
  **PolioPlus Partners #** \_\_\_\_\_ Country \_\_\_\_\_  
 **PolioPlus**     
  **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.		
<b>Total</b> (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](mailto:contact.center@rotary.org), or contact the RI office that services your area.

**Please send your contributions to the appropriate address:**

<p><b>United States</b>                  The Rotary Foundation                  14280 Collections Center Drive                  Chicago, IL 60693 USA</p>	<p><b>Canada</b>                  The Rotary Foundation (Canada)                  Box B9322, P.O. Box 9100                  Postal Station F                  Toronto, ON M4Y 3A5                  Canada</p>
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**THANK YOU!**