



## THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL CREDIT CARD CONTRIBUTION FORM

*Please print or type*

Please process my gift for:

☐ US\$100    ☐ US\$250    ☐ US\$500    ☐ US\$1000    ☐ other, US\$ \_\_\_\_\_

Designation:    ☐ Annual Programs Fund    ☐ Permanent Fund    ☐ PolioPlus    ☐ Polio Plus Partners

Gifts to the Annual Programs Fund and the World Fund are eligible for Paul Harris Fellow recognition. Gifts to the Permanent Fund are eligible for Benefactor recognition. Please attach a RF3-123 Form (Recognition/Contribution form) if you would like to request recognition at this time. If you do not make a designation for your gift, it will be applied to the Annual Programs Fund.

Please charge my:    ☐ Visa    ☐ Mastercard    ☐ Diner's Club    ☐ American Express

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month / Year)

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

My name *(as it appears on my credit card)* \_\_\_\_\_

My address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_

Zip Code/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a member of the Rotary Club of \_\_\_\_\_

Club # \_\_\_\_\_ District \_\_\_\_\_ TRF Account # \_\_\_\_\_

*Your completed Credit Card Contribution Form may be sent*

*by fax to: 847-328-5260, Attention: Development Services*

(Please send **only once**. If you send duplicate requests, your credit card may be charged twice)