



**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)