CONTRIBUTION FORM
ROTARY FOUNDATION (INDIA)

Contributions can also be made at www.rotary.org/contribute.

1. DONOR OF CONTRIBUTION

Type of Donor: (Check one) ☐ Individual ☐ Rotary club ☐ Rotaract/Interact club ☐ District ☐ Business

☐ Charitable organization/Foundation ☐ Other _____

Donor's Personal Account Number (PAN)+ ☐☐☐☐☐☐☐☐☐☐

Name _____ Donor ID number _____

Club name _____ Club number _____ District number _____

Billing address _____

City _____ State/Prov. _____

Country _____ Postal code _____

Daytime phone _____ Email address _____

2. DESIGNATION/PURPOSE: (CHECK ONE)

☐ **Annual Fund — *SHARE*** ☐ Permanent Fund — World Fund ☐ Permanent Fund — Rotary Peace Centers

☐ PolioPlus ☐ Permanent Fund — *SHARE*

☐ Other _____ ☐ Approved Rotary Foundation grant _____ (number mandatory)

3. CONTRIBUTION DETAILS

Amount of contribution (INR) _____ **Amount written in words** _____

Type of Payment: (Check one) ☐ **Credit card** ☐ Visa ☐ MasterCcard ☐ American Express ☐ Discover Card ☐ JCB

Make this a recurring contribution: ☐ Monthly ☐ Quarterly ☐ Annually _____ (Select month)

Credit card number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration date ☐☐☐☐ (M M Y Y) CVN* ☐☐☐☐

Name as it appears on credit card _____ Signature _____

☐ **Cheque/Bank draft** Payable to "Rotary Foundation (India)." Cheque number _____

☐ **Wire transfer** Date initiated _____

4. SHIPPING INFORMATION — RECOGNITION MATERIALS ONLY

Presentation Date _____ ☐ Please do **not** send recognition ☐ Please keep my gift anonymous

Send recognition to: (Check one; if left blank, recognition will be sent to club president)

☐ Donor ☐ Club president ☐ District governor ☐ Other, record information below

Name _____ Address _____

City, State/Prov. _____ Country, Postal code _____

5. INDIVIDUAL COMPLETING THIS FORM (IF OTHER THAN DONOR)

Name _____ Daytime phone _____

Email _____ Date _____

Please send your completed form with contribution only once. Contributions can also be made at www.rotary.org/contribute.
Mail: Rotary Foundation (India), Thapar House (2nd Floor, Central Wing), 124 Janpath, New Delhi 110 001, India
Email: rfiinfo@rotary.org. **Fax:** 91-11-42250191. For more information, please phone: 91-11-42250101 to 42250105.

+In accordance with the Indian Income Tax Act 1961, Rotary Foundation (India) is required to collect the Permanent Account Number (PAN) for all donors (i.e. drawer of the cheques/remitter of bank draft) whose cumulative contribution in a financial year exceeds INR 50,000.

**The card verification number, or CVN, is a three-digit number that appears on the back of your credit or debit card, for AMEX, it is a four-digit number on the front of the card. It typically appears following the digits of your credit card number.*

If recognition materials from this contribution are requested for individual(s) other than donor, please complete the Paul Harris Fellow Recognition Transfer Request Form.

PAUL HARRIS FELLOW RECOGNITION TRANSFER REQUEST FORM

Please send your completed form only once. If you have questions regarding recognition or contributions to The Rotary Foundation, please contact the Contact Center at 1-866-9ROTARY (1-866-976-8279), or email: contact.center@rotary.org, or, contact the Rotary office that services your area. Contributions can be made at www.rotary.org/contribute.

1. RECIPIENT OF RECOGNITION

Transfer Recognition Points to:

Name _____ Recipient ID number _____

Club name _____ Club number _____ District number _____

Address _____

City _____ State/Prov. _____

Country _____ Postal code _____

Daytime phone # _____ Email address _____

2. TRANSFER RECOGNITION POINTS

Foundation Recognition Points amount _____ (Minimum of 100 points)

Transferring Recognition Points from:

☐ Individual ID number _____ ☐ Club number _____ ☐ District number _____

AUTHORIZED SIGNATURE (required) _____

Print name _____

3. SHIPPING INFORMATION — RECOGNITION MATERIALS ONLY

Presentation Date _____ ☐ Please do **not** send recognition

Send recognition to: (Check one; if left blank, recognition will be sent to club president)

☐ Donor ☐ Club officer ☐ District officer ☐ Other, record information below

Name _____ Address _____

City, State/Prov. _____ Country, Postal code _____

4. INDIVIDUAL COMPLETING THIS FORM (IF OTHER THAN AUTHORIZED SIGNER)

Name _____ Daytime phone _____

Email _____ Date _____

UNITED STATES
The Rotary Foundation
14280 Collections Center Drive
Chicago, IL 60693 USA

CANADA
The Rotary Foundation (Canada)
c/o 911600
PO Box 4090 STN A
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Breite Strasse 34
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RI EUROPE AND AFRICA OFFICE
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Argentina

RI SOUTH PACIFIC AND PHILIPPINES OFFICE
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