



THE ROTARY FOUNDATION CONTRIBUTION FORM

123-EN—(321)

Contributions can also be made at rotary.org/donate.

1. DONOR OF CONTRIBUTION

Type of Donor (Check one): ☐ Individual ☒ Rotary club ☐ Rotaract club ☐ District ☐ Business
☐ Charitable organization/Foundation ☐ Other _____

Name _____ Donor ID _____
Club Name ROTARY CLUB of North Fulton Club No. 53079 District No. 6900
Billing Address P.O. Box 352 City Alpharetta State/Province GA
Country United States Postal Code 30009
Daytime Phone (770) 856-9509 Email Address gelberlisa@gmail.com

2. DESIGNATION/PURPOSE (Check one):

☐ Annual Fund — SHARE ☐ Annual Fund — World Fund ☒ PolioPlus ☐ Disaster Response
☐ Water, Sanitation, and Hygiene ☐ Maternal and Child Health ☐ Basic Education and Literacy ☐ Community Economic Development
☐ Environment ☐ Endowment - _____ ☐ Global Grant # _____ ☐ Other _____

3. CONTRIBUTION DETAILS

Amount of contribution \$1276.00 Currency US\$

Type of Payment (Check one): For security purposes, please do not send credit card contributions via email.

☐ Credit card: ☐ Visa ☐ MasterCard ☐ Diners Club ☐ JCB ☐ American Express

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

Card Number

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Expiration Date _____ CVN* _____

Name as it appears on credit card _____ Signature _____

☒ Check — Payable to "The Rotary Foundation." Check number 1227

☐ Wire transfer Date initiated _____ (Please send completed contribution form as soon as possible after initiating a wire transfer.)

*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.

4. SHIPPING INFORMATION — Recognition materials only

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

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

Send recognition to (Check one):

☐ Club President ☐ Other, record information below

Name _____ Address _____
City, State/Prov. _____ Country, Postal Code _____
Daytime Phone _____ Email Address _____

5. INDIVIDUAL COMPLETING THIS FORM (if other than donor)

Name Elizabeth Gelber Daytime Phone (770) 856-9509
Email Address gelberlisa@gmail.com Date 2.28.2023

Please send your completed form with contribution only once.

Data privacy is important to Rotary International and The Rotary Foundation (collectively, "Rotary") and the personal data shared with Rotary will only be used for official Rotary business to support Rotary's core business purposes. Personal data collected on this form is subject to Rotary's Privacy Policy found at my.rotary.org/en/privacy-policy.

Mail: The Rotary Foundation, 14280 Collections Center Drive, Chicago, IL 60693, USA (Canada: The Rotary Foundation (Canada) c/o 911600, P.O. Box 4090 STN A, Toronto, ON M5W 0E9, Canada). **Email:** rotarysupportcenter@rotary.org. For more information, or to make a contribution by phone: 1-866-9ROTARY (1-866-976-8279). Or contact the Rotary International office that serves your area. The contribution amount may not include the value of any goods or services given to an individual donor in consideration for this contribution.

ROTARY CLUB OF NORTH FULTON
PO BOX 352
ALPHARETTA GA 30009-0352

1227
64-2098/611

PAY TO THE
ORDER OF

The Rotary Foundation

\$ 1276.00/100

One thousand two hundred and seventy six dollars

Security features
Detailed on back

 **Winings Bank**
Smyrna, GA

MEMO

Polio Plus

Elizabeth Miller

⑈001227⑈ ⑆061120987⑆ 252 225 8⑈