



THE ROTARY FOUNDATION

MULTIPLE DONOR FORM 多人捐獻表格

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 扶輪社 扶輪社編號 地區
Club Name Club # District #

Individual completing this form: 填表者姓名 電話 電子信箱 日期
Name Telephone E-mail Date

CONTRIBUTION METHOD 捐獻方式	Credit Card Contribution — To Credit Multiple Donors (Disregard this section if contributing by check or wire transfer.)									
<input type="checkbox"/> Check (payable to <i>The Rotary Foundation</i>) 支票 <input type="checkbox"/> Credit Card (Complete credit card section.) 信用卡 <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Diner's Club 電匯 <input type="checkbox"/> Wire Transfer (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 信用卡號</td> <td style="border-bottom: 1px solid black; width: 15%;">Expiration Date M M Y Y 有效日期(月/年)</td> <td style="border-bottom: 1px solid black; width: 25%;">Security Code 安全碼</td> </tr> <tr> <td colspan="3">Name as it appears on card 持卡人姓名</td> </tr> <tr> <td colspan="3">Signature of cardholder 簽名(請務必與信用卡上簽名相同)</td> </tr> </table>	Credit Card Number 信用卡號	Expiration Date M M Y Y 有效日期(月/年)	Security Code 安全碼	Name as it appears on card 持卡人姓名			Signature of cardholder 簽名(請務必與信用卡上簽名相同)		
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Signature of cardholder 簽名(請務必與信用卡上簽名相同)										

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.

NOTE: Changes to designation can only be requested within 90 days of gift receipt date within current Rotary year.

Contribution Designation (choose one): 捐獻項目 世界基金 配合獎助金(案號)
 Annual Programs Fund (eligible for *SHARE*) 年度計劃基金 **World Fund** **Humanitarian Grant #**
 PolioPlus 無小兒麻痺計劃

Individual Donor Details (Identify and allocate individual contribution amounts.)			捐獻者資料		
Membership ID #	Donor Name (as appears on CRS)	Contribution Amount	Membership ID #	Donor Name (as appears on CRS)	Contribution Amount
1. 捐獻者編號	捐獻者姓名	捐獻金額	11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		
Total (Amount of contribution submitted)					總捐獻金額

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 contact the RI office that services your area. If using a credit card, please submit by faxing to The Rotary Foundation at 847-328-5260. Please send only once. Duplicate requests may result in duplicate charges.

Please send your contributions to the appropriate address:

United States The Rotary Foundation 14280 Collections Center Drive Chicago, IL 60693 USA	Canada The Rotary Foundation (Canada) Box B9322, P.O. Box 9100 Postal Station F Toronto, ON M4Y 3A5 Canada
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