**PAUL HARRIS SOCIETY**

**Yes.** **Count me in**! **It is my intention to become a member of The Paul Harris** **Society of District 7770 by donating $1,000.00\* or more each year to the Annual Programs Fund of The Rotary Foundation. I understand I may discontinue my membership in the Society based on a change in my financial condition. PolioPlus option is now available.**

\_\_\_\_ Enclosed is my initial gift of **$1,000.00** designated for the Annual Fund. (**Make check payable to** **The Rotary Foundation**. Do not send cash.)

\_\_\_\_ Check if you wish to be reminded annually of your due date for renewal.

**Annual Funds\_\_\_\_\_\_% Polioplus\_\_\_\_\_\_%**

**If you wish to pay in installments, you can do so thru TRF Direct or thru contributions directed thru your Club. Please indicate: TRF \_\_\_\_\_\_ DUES\_\_\_\_\_\_\_\_**

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*All gifts count towards Multiple Paul Harris Fellow Recognition and Major Donor Recognition.

Please credit this gift as follows: (please print)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership Number \_\_\_\_\_\_\_\_\_\_

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotary Club of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District **7770**

**Please send this completed form and check (can use credit card also) to:**

**David Tirard, PHS Chair**

**1 Queen Crescent**

**Bluffton, SC 29910**

**If you wish to use your credit card, please complete the information below.**

\_\_\_\_\_\_\_\_\_Please charge my contribution of **$ l,000.00** to my **Credit Card:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VISA\_\_\_\_\_\_\_\_\_ Master Card** **\_\_\_\_\_\_\_\_\_ American Express**\_\_\_\_\_\_\_\_

**Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recipient of the PHF recognition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If this contribution makes you a Multiple PHF, you (as the donor) can name the individual you would like to have recognized (recipient of a PHF) with each additional$1,000 contributed.

**Note: A copy of this Rotary Foundation Recognition form will be returned to you to confirm transmittal of your contribution to The Rotary Foundation. Please give the copy to your Foundation chair for recording of your giving to the Foundation and for your receiving PHF recognition. THANK YOU!**

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