Individual completing this form	
Name	
Daytime Telephone	Date
1 RECIPIENT OF RECOGNITION	
Name	Membership ID #
Address	
Rotary Club of	Club # District #
Recognition Points or Paul Harris Fellow credit. Amount to be transferred: Transfer from (choose A, B, or C): A Individual Name	
Transfer from (choose A, B, or C):	Signature of account holder, required (sign here)
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Transfer from (choose A, B, or C): A. □	
Transfer from (choose A, B, or C): A. Individual Name TRF ID #	Signature of club president, required (sign here)

Daytime Telephone

Please send the completed form to: Donor Recognition The Rotary Foundation One Rotary Center 1560 Sherman Avenue Evanston, IL 60201-3698 USA Fax: 847-328-5260 E-mail: recogchanges@rotary.org Or your nearest international office Date Needed