

KALAMAZOO ROTARY CLUB POLIO ERADICATION 2002-2005

This project qualifies as a commitment toward a Paul Harris Sustaining Membership

- I would like my contribution to **also** apply toward my Paul Harris Sustaining Membership
- I would like to apply for a \$100 match to **start** my Paul Harris Sustaining Membership and have enclosed a check for \$500 payable to the Rotary Foundation.

Name _____

Address _____

City/State/Zip _____ Phone (____) _____

E-mail address _____

I/we hereby **pledge** \$ _____ (total amount) to Rotary Foundation - Polio Eradication Fund.

I/we intend to fulfill this pledge over a period of _____ year(s) beginning (mo.) _____ (day) _____, 2002

Payments of \$ _____ will be made ___ monthly ___ quarterly ___ semi-annually ___ annually

Company Match _____ Contact for Match Gift _____

Please print how you would like your name for recognition _____

Signature: _____ Date: _____

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(For the Donor's records)

Amount of Gift _____

Type of Gift: _____ Pledge _____ Cash/Check _____ Other _____

Pledge type: monthly quarterly semi-annually annually

Beginning: _____ / _____ / _____

Make checks payable to: Rotary Foundation - Polio Eradication Fund
P.O. Box 50251
Kalamazoo, MI 49005