



Third Party Contribution Form

DAF Account Name: _____ Account No: _____

Use this form for all contributions by check made to the Rotary Foundation Donor Advised Fund. Please do not send money orders or cashier's checks. The minimum contribution amount is \$1,000. Contributions from more than one donor may be combined to meet this requirement. All contributions over \$250 will be provided an individual confirmation, which will be suitable as a receipt for income tax purposes. Please complete a Donor Information section for all donors over \$250. **Thank you for your support.**

Donor Information Please print. Other than your name, there is no need to fill out information that is printed on your check.

Mr. Mrs. Ms. Dr.

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Rotary Club: _____

Contribution Information and Signature

Enclosed is a contribution in the amount of US \$ _____. This check, made payable to **The Rotary Foundation Donor Advised Fund**, represents my gift to the Donor Advised Fund account listed above. I understand my contribution is irrevocable. I also understand that I do not have any grant or investment allocation recommendation privileges.

Signature _____ Date _____

Printed Name _____

Please return this form with contribution to:

**Rotary DAF
c/o NRS
4A Gill Street
Woburn , MA 01801**