

**Legacy Circle**

**of the Rotary Foundation of Cincinnati**

*Please write legibly as you wish it to appear on your membership certificate.*

Name

 Last First Middle

Address

 Number Street Apt. or Suite

 City State Zip Code

Telephone

 Office Home

**DESCRIPTION OF BENEFICIARY** *Check those fund(s) you wish included and the amount for each:*

 [ ] **THE ROTARY FOUNDATION OF CINCINNATI**

 [ ] *GENERAL FUND* Amount: $

 The General Fund provides funding for benefited charities.

 [ ] *FISK-DENMAN FUND* Amount: $

 Funds donated are restricted to children and adults with disabilities.

[ ] *WORLD AFFAIRS FUND* Amount: $

 Funds donated are used for the Club’s international projects.

[ ] *WORLD AFFAIRS ENDOWMENT FUND* Amount: $

 Funds donated are invested permanently; annual spending

 policy (5% of principal) provides support to World Affairs projects.

[ ] *IRA ABRAHAMSON VISION SCREENING FUND* Amount: $

 This fund supports children’s vision screening programs.

 [ ] **THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL**

 [ ] RI *ANNUAL FUND* Amount: $

 50% of funds donated are returned to District 6670

 to support Foundation Programs. Includes Paul

 Harris Fellows.

 [ ] RI *ENDOWMENT FUND* Amount: $

 Funds donated are invested permanently and benefit

 Foundation programs.

**DESCRIPTION OF DONATION** *Check those method(s) of payment and the amount for each:*

 [ ] **CASH** Amount: $

 *Make checks payable to The Rotary Foundation of Cincinnati*

 [ ] **CHARGE MY**: Visa MasterCard ⁯ AMEX Discover Amount: $

 Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 [ ] **PLEDGE** $ per year for years Amount: $

 *Pledges must be paid within 5 years*.

 [ ] **BEQUEST** Amount: $

This is to certify that I have left a bequest in the amounts to the funds noted above

in the manner prescribed as follows:

 [ ] *In my last will and testament or trust document*

 [ ] *In my spouse’s last will and testament*

 [ ] *In an insurance policy*

Signature:

 [ ] **OTHER** *Describe:*  Amount: $

 *Use a separate sheet if necessary.*

Signature: Date: