

**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: