

# Ruritan National Foundation Birthday Fund Donation Form

(Please Print)

Date: \_\_\_\_\_

Name of Fund to be credited: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Ruritan District: \_\_\_\_\_

Ruritan Club: \_\_\_\_\_

Donation \$ \_\_\_\_\_:

\_\_\_\_\_ Check Enclosed      Check # \_\_\_\_\_

\_\_\_\_\_ Charge Credit Card:

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC# \_\_\_\_\_

**Select one:**

\_\_\_\_\_ \$10 per active member      \_\_\_\_\_ \$2 per active member

Number of Active Members: \_\_\_\_\_ **Active members include full and youth members, not Associate Members**

**Signature:**

\_\_\_\_\_

Mail Completed form to:      Ruritan National Foundation, P.O. Box 487, Dublin, VA 24084