102-EN—(518)

PAUL HARRIS FELLOW RECOGNITION TRANSFER REQUEST FORM

Contributions can be made at rotary.org/give.

1. RECIPIENT OF RECOGNITION

Transfer Recognition Points to:

Name: _____ Recipient ID Number: _____

Club Name: _____ Club No.: _____ District No.: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____

Daytime Phone: _____ Email Address: _____

2. TRANSFER RECOGNITION POINTS

Foundation Recognition Points Amount: _____ **(minimum of 100 points; 1,000 points equal a full PHF)**

Transferring Points from (check one): ☐ Individual ID Number: _____ ☐ Club Number: _____ ☐ District Number: _____

AUTHORIZED SIGNATURE (required): _____ Print Name: _____

3. SHIPPING INFORMATION — Recognition materials only

Date of ceremony: _____

Send recognition to (kindly enter a full address) - **please note that the phone number is mandatory**:

☐ Club President ☐ Club Secretary ☐ Club Treasurer ☐ Club Foundation Chair ☐ Other, record information below

Name: _____ Address: _____

City, State/Prov.: _____ Country, Postal Code: _____

Daytime Phone: _____ Email Address: _____

4. INDIVIDUAL COMPLETING THIS FORM

Name: _____ Daytime Phone: _____

Email Address: _____ Date: _____

Please send this form to the appropriate address.

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