



Donation Form

Advancing the Status of Women Worldwide

To ensure credit for your contribution, **please complete and return this document, along with your payment**, according to the instructions for the payment option you select.

1. Donor

This contribution is made by (please check one):

- Club
 Area
 District
 Individual
 Corporation/Foundation

Zonta Club of _____ District _____ Area _____ Club _____

Donor Name _____ Email _____

Street Address _____ City _____

State/Province _____ Postal Code _____ Country _____

- I/we do not wish to receive an acknowledgement/receipt for this gift.

Please note: If there is more than one donor, please attach a list of donors and the amount contributed by each, or submit a separate form for each donor.

2. Designation

| | |
|--|--|
| International Service Fund | US\$ |
| Zonta International Strategies to End Violence against Women (ZISVAW) Fund | US\$ |
| Amelia Earhart Fellowship Fund | US\$ |
| Jane M. Klausman Women in Business Scholarship Fund | US\$ |
| Young Women in Public Affairs Award Fund | US\$ |
| Rose Fund | US\$ |
| Endowment Fund | US\$ |
| Amelia Earhart Fellowship Endowment Fund | US\$ |
| Total Foundation Contribution US\$ | <input style="width: 100px; height: 30px;" type="text"/> |

3. Special Instructions

- My Corporate Matching Gift Form is enclosed.
 Please send me information about making a recurring gift (monthly contribution automatically deducted from my checking/savings account or credit card).
 I have made provisions for Zonta International Foundation in my will. Please send me forms for the Mary E. Jenkins 1919 Society.
 Please send me information on how to include Zonta International Foundation in my estate planning.
 Please send me information on how to make a gift of stock.
 I would like my gift to be anonymous.

Over →

4. Payment

Note: Contributions to Zonta International Foundation must be remitted separately from your membership dues payments to Zonta International.

The Foundation offers several options for payment of your contribution. Please read the following and select your option. Please make note of the instructions for each form of payment.

Check

Enclosed is my check/money order payable to *Zonta International Foundation* for US\$ _____
Send check/money order to: **Zonta International Foundation, ATTN: Contributions**
4837 Paysphere Circle
Chicago, IL 60674 USA

Credit Card

Please charge my Visa® MasterCard® in the amount of US\$ _____

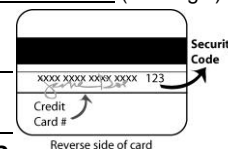
We are pleased to offer you the option of making your gift with your Visa® or MasterCard® credit card. Due to the administrative costs associated with such transactions, we ask that you consider a minimum credit card gift of US\$20. Thank you.

Card Number _____ Exp. Date ____/____ Security Code _____ (three digits)

Name of Cardholder (as it appears on the card) _____

Cardholder Signature _____

Send this form to: **Zonta International Foundation, ATTN: Contributions**
1211 West 22nd Street, Suite 900
Oak Brook, IL 60523 USA



Wire Transfer

Wire transfer for US\$ _____ Date of transfer _____

All SWIFT/International Wire Transfers must be sent to: Bank of America, Chicago, IL **SWIFT Address BOFAUS3N**, for credit to the Zonta International Foundation, **Account # 5800267964, ABA # 0260-0959-3.**
On the day of your wire transfer, send a copy of the wire transfer confirmation by:

Email: contributions@zonta.org or

Fax: 630-928-1559 or

Mail: **Zonta International Foundation, ATTN: Contributions**
1211 West 22nd Street, Suite 900
Oak Brook, IL 60523 USA

5. Tribute Gift

This gift is in honor of _____
(Name of honoree)

Occasion (i.e. birthday, anniversary, promotion) _____

Street Address _____ City _____

State/Province _____ Postal Code _____ Country _____

This gift is in memory of _____
(Name of deceased)

Name of person to receive notice of your memorial gift _____

Street Address _____ City _____

State/Province _____ Postal Code _____ Country _____