



# 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

### CURRENT BIENNIUM FUNDS

#### EDUCATION PROGRAMS:

Amelia Earhart Fellowship Fund US\$ \_\_\_\_\_

Jane M. Klausman Women in Business Scholarship Fund US\$ \_\_\_\_\_

Young Women in Public Affairs Award Fund US\$ \_\_\_\_\_

#### UNRESTRICTED:

Rose Fund US\$ \_\_\_\_\_  
(Funds are applied where needed most)

### CURRENT BIENNIUM FUNDS (cont.)

#### PROJECTS:

International Service Fund US\$ \_\_\_\_\_

ZISVAW FUND US\$ \_\_\_\_\_  
(Zonta International Strategies to End Violence Against Women)

### LONG-TERM FUNDS

Endowment Fund US\$ \_\_\_\_\_

Amelia Earhart Fellowship Endowment Fund US\$ \_\_\_\_\_

**TOTAL ALL FUNDS: US\$ \_\_\_\_\_**

## 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 estate planning. Please send me forms for the Mary E. Jenkins 1919 Society. (For more information on including ZIF in your estate planning, call \_\_\_\_\_ at \_\_\_\_\_, and consult your attorney.)
- 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\$ \_\_\_\_\_

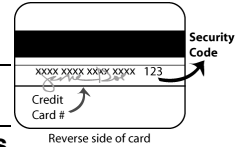
*We are pleased to offer you the option of making your gift with your Visa® or MasterCard® credit card. Due to the administrative costs associated with such transactions, we ask that you consider a minimum credit card gift of US\$20. Thank you.*

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 22<sup>nd</sup> 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](mailto:contributions@zonta.org) or

**Fax:** 630-928-1559 or

**Mail:** **Zonta International Foundation, ATTN: Contributions**  
**1211 West 22<sup>nd</sup> 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 \_\_\_\_\_