Ruritan National Foundation
50th Anniversary Fund
Donation Form

(Please Print)

Date: _____

Name of Fund to be credited: _____

Donor Name: _____

Donor Address: _____

Donor Phone #: _____

Donor Email: _____

Ruritan District: _____

Ruritan Club: _____

Donation $ _____:

☐ Check Enclosed Check # _____

☐ Charge Credit Card:

Name on Card: _____

Card #: _____

Expiration Date: _____

CVC# _____

Prior donations to the Ruritan National Foundation do not count toward the 50th Anniversary program.

Signature:

_____

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