Ruritan National Foundation
Tom Downing Fellowship
Donation Form

(Please Print and Complete ALL lines)

Date: _____

Contact: _____

Contact Address: _____

Contact Phone #: _____

Recipient: _____

Recipient Address: _____

Recipient Ruritan District: _____
(If applicable)

Recipient Ruritan Club: _____
(If applicable)

Donation: $ _____

☐ Check Enclosed Check #: _____

☐ Charge Credit Card

Name on Card: _____

Card #: _____

Expiration Date: _____

CVC #: _____ Zip Code: _____

Send Plaque and Pin to: ☐ Contact ☐ Recipient

Planned Presentation Date: _____

Signature:

_____

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

Form – RNF17.12
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