



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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