DISTRICT 7690 IMPACT CIRCLE

MEMBERSHIP ENROLLMENT FORM

Intentional Giving. Greater Impact.

1 CONTACT INFORMATION

Please provide your information below.

First Name *

Last Name *

Rotary Club *

Email Address *

Mailing Address *

City * **State *** **ZIP ***

2 MEMBERSHIP COMMITMENT

Select your giving level.

- ☐ **Recurring gift of $280 per month**
- ☐ **$10,000 pledge over 3 years**
  Recurring every 3 years until canceled
- ☐ **$10,000 gift**
  Recurring every 3 years until canceled

3 RECOGNITION PREFERENCE

Please indicate how you would like your name recognized.

- ☐ Please recognize my/our gift in Impact Circle materials.
- ☐ I/We prefer to remain anonymous.

Recognition Name (as you would like it to appear):

4 COMMITMENT STATEMENT

I/We proudly commit to supporting the District 7690 Impact Circle and its mission to create lasting change through leadership, service, and philanthropy.

Signature * **Date ***

Join the Circle Today

For questions or to submit your completed form, contact:

PDG Lloyd Navarro | Major Donor Chair
lloyd.t.navarro@gmail.com