Donor Information:

Rosity A/C No. (if applicable)

First Name | Last Name | M.I.

Organization Name (if applicable)

Donor Contact Information:

Street Address

City | State | Zip Code | Country

Email Address | Mobile Phone ( ) | Other Phone (Optional) ( )

Donation Details:

Donation amount: $_____

✔ Check here to have the Rosity Board Determine where to grant your Donation

Please indicate the Name and Tax ID/EIN of the charities you wish to support and the percentages for which your net donation should be granted to each charity.

Charity Name (*)	Charity Tax ID/EIN (*)	Percentage

100.00%

(*) Charity information can be found on the Rosity Website (www.RosityCharity.org) and only those charities found on the Website can be included. Causes are not eligible.

Please mail this form and a check made payable to The Rosity Charity Corp to:

The Rosity Charity Corp | 1870 N. Corporate Lakes Blvd #266604 | Weston, Florida 33326

Facilitating Gene*Rosity*