

Contribution Designation (choose one):

Polio Challenge

Country _____

Individual Donor Details (Identify and allocate individual contribution amounts.)					
Membership ID#	Donor Name (as appears on CRS)	Contribution Amount	Membership ID #	Donor Name (as appears on CRS)	Contribution Amount
1.		\$0.00	2.		\$0.00
3.		\$0.00	4.		\$0.00
5.		\$0.00	6.		\$0.00
7.		\$0.00	8.		\$0.00
9.		\$0.00	10.		\$0.00
11.		\$0.00	12.		\$0.00
13.		\$0.00	14.		\$0.00
15.		\$0.00	16.		\$0.00
17.		\$0.00	18.		\$0.00
19.		\$0.00	20.		\$0.00
21.		\$0.00	22.		\$0.00
23.		\$0.00	24.		\$0.00
25.		\$0.00	26.		\$0.00
27.		\$0.00	28.		\$0.00
29.		\$0.00	30.		\$0.00
31.		\$0.00	32.		\$0.00
33.		\$0.00	34.		\$0.00
35.		\$0.00	36.		\$0.00
37.		\$0.00	38.		\$0.00
39.		\$0.00	40.		\$0.00
41.		\$0.00	42.		\$0.00
43.		\$0.00	44.		\$0.00
45.		\$0.00	46.		\$0.00
47.		\$0.00	48.		\$0.00
49.		\$0.00	50.		\$0.00
51.		\$0.00	52.		\$0.00
53.		\$0.00	54.		\$0.00
55.		\$0.00	56.		\$0.00
57.		\$0.00	58.		\$0.00
59.		\$0.00	60.		\$0.00
61.		\$0.00	62.		\$0.00
63.		\$0.00	64.		\$0.00
65.		\$0.00	66.		\$0.00
67.		\$0.00	68.		\$0.00
69.		\$0.00	70.		\$0.00
71.		\$0.00	72.		\$0.00
73.		\$0.00	74.		\$0.00
75.		\$0.00	76.		\$0.00
77.		\$0.00	78.		\$0.00
79.		\$0.00	80.		\$0.00
Total (Amount of contribution submitted) USA					\$ 0.00