

TRF-DIRECT

Credit Card Authorization

Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Phone _____

E-mail _____

Rotary Club _____ District _____

Rotary Membership ID# _____

Non-Rotarian — Credit Rotary Club of _____

CREDIT CARD INFORMATION

Please charge my: (mark one below)

Visa MasterCard American Express

Account # _____

Expiration Date _____

Signature _____

I hereby authorize The Rotary Foundation to charge

US\$ _____ (minimum US\$25 per transaction) on

(choose one below)

1st of every month

1st of every quarter

Annually (specify month: _____)

to the credit card indicated above. I understand that each transaction will appear on my regular credit card statement. It is my responsibility to call and request recognition when I've contributed enough to become a Paul Harris Fellow, Multiple PHF, or Major Donor. I further understand that this authority remains in effect until I notify The Rotary Foundation in writing and the Foundation has had a reasonable amount of time to fulfill my request. The Rotary Foundation can terminate this agreement at any time.

Signature _____

Date _____