

AUTHORIZATION FOR CREDIT/DEBIT CARD PAYMENT

Send to: TRCR, PO Box 7566, Rochester, MN 55903-7566

DUES AUTHORIZATION FOR THE ROTARY CLUB OF ROCHESTER, PO BOX 7566, ROCHESTER, MN 55903-7566

Name on Card (Please enter your name exactly as it appears on your card.):

Billing Address (Street Number, City, State, Zip Code):

Credit Card Type (American Express, Mastercard, Visa):

Credit Card Number:

Credit Card Expiration Date:

Credit Identification Number (enter three digits on the back of your card):

Annual Member Dues:

Please indicate appropriate fee:

\$187.50 for 18-35 yrs. of age \$187.50 first year member \$375 for all other members -or- \$31.25/month

DONATION AUTHORIZATION FOR THE ROTARY CLUB OF ROCHESTER FOUNDATION, PO BOX 7566, ROCHESTER, MN 55903-7566

Name on Card (Please enter your name exactly as it appears on your card):

Billing Address (Street Number, City, State, Zip Code):

Credit Card Type (American Express, Mastercard, Visa):

Credit Card Number:

Credit Card Expiration Date (MM/YYYY):

Credit Identification Number (enter three digits on the back of your card):

1. Donation to the Rotary Club of Rochester Foundation:

Indicate amount (Enter USD amount): \$

Indicate frequency: monthly semi-annually (July & January) yearly

I AUTHORIZE (PLEASE SELECT ALL THAT APPLY)

The Rotary Club of Rochester

Rotary Club of Rochester Foundation

at PO Box 7566, Rochester, MN 55903-7566 to charge the amount listed above to the credit card(s) provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature (Please enter legal signature as it appears on your card.):

Date:

* I understand that checking this box in addition to typing my signature above constitutes a legal signature.