

ROTARY DIRECT

Rotary's recurring giving program



ROTARY DIRECT SAVES...

- ✓ **Time** — Sign up once to give continuous support
- ✓ **Money** — Lower administration costs means more money for programs
- ✓ **Lives** — Give to The Rotary Foundation to do good in the world

DOING GOOD JUST GOT EASIER!

Enroll online: www.rotary.org/give

OR Mail: Rotary Direct FD420
 Rotary International
 One Rotary Center
 1560 Sherman Avenue
 Evanston, IL 60201-3698 USA

OR Fax: +1-847-328-5260

Please call to modify your existing Rotary Direct contributions
Phone: +1-866-976-8279

YES! I INTEND TO GIVE \$1,000 OR MORE ANNUALLY AND WILL JOIN THE PAUL HARRIS SOCIETY.*

YES! I WILL ENROLL IN ROTARY DIRECT.

Name _____

IF YOU ARE A ROTARIAN, PLEASE COMPLETE.

Rotary membership ID _____

Club name _____

Club number _____

Billing address _____

City _____ State/Province _____

Postal code _____ Country _____

Phone _____

Email _____

Contributions are tax deductible where allowed by law. For security purposes, please do not send credit card contributions via email.

**Note: The Paul Harris Society recognizes those who give \$1,000 or more each year to the Annual Fund, PolioPlus Fund, or an approved Foundation grant. Learn more at www.rotary.org/paulharrissociety.*

GIFT DESIGNATION (choose one)

- | | |
|--|--|
| <input type="checkbox"/> Annual Fund-SHARE | <input type="checkbox"/> PolioPlus Fund |
| <input type="checkbox"/> Providing Clean Water | <input type="checkbox"/> Fighting Disease |
| <input type="checkbox"/> Supporting Education | <input type="checkbox"/> Saving Mothers and Children |
| <input type="checkbox"/> Promoting Peace | <input type="checkbox"/> Growing Local Economies |
| <input type="checkbox"/> Other _____ | |

RECURRING GIFT AMOUNT (minimum US\$10)

\$25 \$85 \$100 \$250 \$1,000 Other _____

Currency (if not US\$) _____

FREQUENCY

Monthly Quarterly Annually (specify month) _____

CHECKING ACCOUNT, please attach a voided check

Available for U.S. and Canada bank accounts only – not available online

CREDIT OR DEBIT CARD

Visa MasterCard AmEx Discover

Card number

Expiration / CVN

M M Y Y Y Y

Signature _____

