

Credit Card Authorization

Name _____

Address _____

City _____

State _____ Postal Code _____

Phone _____

E-mail _____

Rotary Club # _____ District # _____

Rotary Membership ID # _____

☐ Non-Rotarian: Credit the Rotary Club of _____

☐ Alumnus/a ☐ Rotaractor

Credit Card Information

Please charge my: (mark one below)

☐ Visa ☐ MasterCard ☐ American Express

3-digit security code _____

Account # _____

Expiration Date _____

Signature _____

If you choose to support both PolioPlus and the Annual Programs Fund, your contributions will be charged to your account in two separate transactions.



I hereby authorize The Rotary Foundation to charge

US\$_____ for PolioPlus on
(choose one below)

- ☐ 1st of every month
☐ 15th of every month
☐ 1st of every quarter
☐ Annually
(specify month: _____)



I hereby authorize The Rotary Foundation to charge

US\$_____ for Annual Programs Fund on (choose one below)

- ☐ 1st of every month
☐ 15th of every month
☐ 1st of every quarter
☐ Annually
(specify month: _____)

to the credit card indicated. I understand that each transaction will appear on my regular credit card statement. I further understand that it is my responsibility to notify The Rotary Foundation if there are any changes to my credit card account that will affect my TRF-DIRECT participation. 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 _____



EVERY
 ROTARIAN
 EVERY
 YEAR

The mission of The Rotary Foundation of Rotary International is to enable Rotarians to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty.



THANK YOU FOR YOUR SUPPORT!

The Rotary Foundation of Rotary International
TRF-DIRECT, FD420
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA
Phone: 847-866-3352
Fax: 847-556-2160
E-mail: trfdirect@rotary.org

www.rotary.org

998-EN-USA—(109)

PolioPlus



TRF

DIRECT DONATIONS

U S A



Annual Programs Fund

Support the educational and humanitarian programs of The Rotary Foundation!

Become a Rotary Foundation Sustaining Member with a gift to the Annual Programs Fund! (\$100 annually)



\$10 monthly helps provide tuition and books for one school year for two children in Sri Lanka



\$25 quarterly helps vaccinate more than 40 children against polio

Become a Paul Harris Society Member! (\$1,000 annually)



\$100 monthly helps provide materials to construct a deep borewell in Kenya, supplying clean water to more than 300 people



\$250 quarterly helps provide 1,200 caps in India to help identify polio immunization volunteers

TRF-DIRECT makes contributing to The Rotary Foundation easy. With TRF-DIRECT (electronic fund transfer) you'll be able to

- Support the programs of The Rotary Foundation: Rotary's US\$200 Million Challenge and the Annual Programs Fund
- Select your most convenient means of contributing (checking, savings, credit card)
- Choose your amount and frequency (monthly, quarterly, annually)
- Automate your giving to easily reconcile your bank and credit card statements and to save on check charges and mailing costs
- Use your Rotary International MasterCard or American Express to earn additional WorldPoints®
- All TRF-DIRECT contributions count toward Paul Harris Fellow, Multiple Paul Harris Fellow, and Major Donor recognition.
- TRF-DIRECT contributions to the Annual Programs Fund also count toward Rotary Foundation Sustaining Member and Paul Harris Society recognition.
- TRF-DIRECT contributions to PolioPlus count toward Rotary's US\$200 Million Challenge.

TRF-DIRECT USA

Checking/Savings Account Authorization

Name _____

Address _____

City _____

State _____ Postal Code _____

Phone _____

E-mail _____

Rotary Club # _____ District # _____

Rotary Membership ID # _____

☐ Non-Rotarian: Credit the Rotary Club of _____

☐ Alumnus/a ☐ Rotaractor

Banking Information

Bank Name _____

City _____

State _____ Postal Code _____

Bank Account Number _____

Bank Routing Number _____

Account Type:

☐ Checking (include a voided check)

☐ Savings (include a deposit slip)

Minimum US\$10 per transaction

If you choose to support both PolioPlus and the Annual Programs Fund, your contributions will be debited from your account in two separate transactions.



I hereby authorize The Rotary Foundation to deduct

US\$_____ for PolioPlus on (choose one below)

- ☐ 1st of every month
- ☐ 15th of every month
- ☐ 1st of every quarter
- ☐ Annually (specify month: _____)



I hereby authorize The Rotary Foundation to deduct

US\$_____ for the Annual Programs Fund on (choose one below)

- ☐ 1st of every month
- ☐ 15th of every month
- ☐ 1st of every quarter
- ☐ Annually (specify month: _____)

from the bank account indicated. I understand that each transaction will appear on my regular bank statement. I further understand that it is my responsibility to notify The Rotary Foundation if there are any changes to my bank account that will affect my TRF-DIRECT participation. 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 _____