



the Centurion Club



A ROTARY FOUNDATION PROGRAM OF DISTRICT 9700 – July 2018

First name..... Last Name..... Date / /

Home Address.....

State Post Code Email:

Rotary Club of Club Number

Rotary International Membership Number..... (Available from your Club Secretary)

New Member Continuing Member

I would like my donation to be directed to: Annual Programs Fund Polio Eradication

1: by Regular Direct Debit : Donation Total A\$..... (Please nominate Frequency of Payment below)

By signing this document, I/We authorise: THE AUSTRALIAN ROTARY FOUNDATION TRUST (the Debit User) with ABN 55 218 421 934 and with Debit User Number 352263, to debit my/our account, detailed in the Schedule below, through the Direct Debit System. I/We must pay you when due under the arrangement between us. This authority is to remain in force until further notice.

BSB ___ - ___ Account Number _____

NAME ON ACCOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

Frequency Preferred Calendar Date _____

Once only Monthly Quarterly Half Yearly Yearly

SIGNATURE: Date:/...../.....

Or 2: Cheque. Payable to: THE AUSTRALIAN ROTARY FOUNDATION TRUST Enclosed A\$.....

Or 3: by Credit Card A\$..... (Once only payment – For regular payment see Section 1)

Name on Card _____ Card No _____ C.V.V. _____

EXPIRY DATE:/.....

SIGNATURE: Date:/...../.....

Your Tax Deductible Receipt will be forwarded directly by The Rotary Foundation
DONATIONS OVER \$2.00 ARE TAX DEDUCTIBLE

I do not require a Tax receipt. Please treat this as a donation from my club (optional)
Please post to: The Australian Rotary Foundation Trust, PO Box 1415, PARRAMATTA. 2124.
Please send advice of your Contribution to PDG Ian Tooke; tookeian@yahoo.com ,
or Post to: PDG Ian Tooke, 'Paca-Vue, 29 Brooklee Lane, BLAYNEY. 2799.