![C:\Users\02\Pictures\RI Logos\grid[1].jpeg]()

**THE ROTARY FOUNDATION**

**District 9790 Paul Harris Society**

**APPLICATION/CONTRIBUTION FORM**

New PHS Member Application/Contribution  Existing PHS Member Contribution

FIRST NAME: …………………………………………………. LAST NAME: ………………………………………………………

POSTAL ADDRESS: …………………………………………………………………………………………………….

SUBURB/TOWN: ……………………………………………………. STATE: ……………………………… POSTCODE: ………….

PHONE: [H]: ……………………………………… [W]: ……………………………………………… [M]: ………………………………………

EMAIL: …………………………………………………………………………………………………………………….

ROTARY CLUB: …………………………………………………………………. CLUB ID NUMBER: …………………………………

RI MEMBERSHIP NO: ………………………………………………………...

*RI Membership Number and Club ID number available from your Club Secretary*

***Donations/contributions made payable to the Australian Rotary Foundation Trust over $2.00 are tax deductible***

**PAYMENT BY CHEQUE/CASH** *Cheques payable to the Australian Rotary Foundation Trust*

Amount in Australian currency: $ ………………………………

**PAYMENT BY CREDIT CARD**

Amount in Australian currency: $ ……………………………… Mastercard Visa

Card Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ /\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ /\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ /\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Exp. Date: \_\_\_/\_\_\_

Name on Card: ……………………………………………………………………………………………….

Frequency of Payment Preferred calendar date for payment: \_\_\_\_\_\_\_\_\_\_\_

❒ Once only ❒ Monthly ❒ Quarterly ❒ Half Yearly ❒ Yearly

Signature of Cardholder: ……………………………………………………………………… Date: \_\_\_/\_\_\_/\_\_\_\_\_

***Following page: Payment by Direct Debit***

 ***Where to send your completed form***

***![C:\Users\02\Pictures\RI Logos\grid[1].jpeg]()***

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**THE ROTARY FOUNDATION**

**District 9790 Paul Harris Society**

**APPLICATION/CONTRIBUTION FORM**

**PAYMENT BY DIRECT DEBIT**

By signing this document, I/We authorise: THE AUSTRALIAN ROTARY FOUNDATION TRUST

[ABN 55 218 421 934] and with Debit User Number 352263 the Debit User, 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: ............/............/............

*Please send your completed form with cheque and/or payment details (including Direct Debit instructions) to:*

The Rotary Foundation

PO Box 1415

PARRAMATTA

NSW 2125

Forward a ***copy*** of your completed form to:

John and Eileen Gatt

7 Girralong court

Greensborough Victoria, 3088

or by email to jagatt@outlook.com