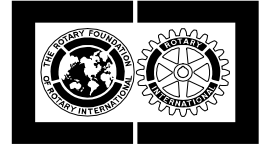




**TRF-DIRECT Donations**  
**CREDIT CARD**  
**AUTHORIZATION FORM**



**Personal Information (Please Print):**

Name \_\_\_\_\_ Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_  
(as it appears on the credit card)

Street \_\_\_\_\_ Evening Telephone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Donor's Rotary ID # \_\_\_\_\_ Rotary Club of Donor \_\_\_\_\_

Club Number \_\_\_\_\_ District \_\_\_\_\_ Credit the Rotary Club of \_\_\_\_\_

**Credit Card Information:**

Please charge my:     Visa                       MasterCard                       American Express

Account #: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
(Month / Year)

Signature: \_\_\_\_\_

I hereby authorize The Rotary Foundation to charge US\$ \_\_\_\_\_ (minimum US\$25)

(circle one)    1<sup>st</sup> of every month    1<sup>st</sup> of every quarter    Annually (Specify Month \_\_\_\_\_)

to the credit card indicated above. I understand that each transaction will appear on my regular credit card statement. *It is my responsibility to call and request recognition when I've contributed enough to become a Paul Harris Fellow.* I further understand that 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Mail this completed form to:*  
**The Rotary Foundation of Rotary International**  
**Attn: TRF DIRECT -FN500**  
**1560 Sherman Avenue**  
**Evanston, IL 60201-3698**  
 Or  
**Fax Form to 847-328-5260**

If you have questions, please call The Rotary Foundation at 847/866-3352 or email TRFDIRECT@rotaryintl.org.

**THANK YOU!**