

TRF-DIRECT CANADA

Credit Card Authorization

Name _____

Address _____

City _____

Province _____ Postal Code _____

Phone _____

E-mail _____

Rotary Club # _____ District # _____

Rotary Membership ID # _____

Non-Rotarian — Credit Rotary Club of _____

CREDIT CARD INFORMATION

Please charge my: (mark one below)

Visa MasterCard American Express

3-digit security code _____

Account # _____

Expiration Date _____

Signature _____

I hereby authorize The Rotary Foundation to charge

C\$ _____ (minimum C\$25 per transaction) on

(choose one below)

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

from the credit card indicated above. 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 Every Rotarian, Every Year effort is aimed at encouraging Rotarians worldwide to participate fully in the mission of Rotary through their ideal of service and their generosity to support the programs and works of Rotary around the world!



THANK YOU FOR YOUR SUPPORT!

All forms must be sent to:

The Rotary Foundation of Rotary International
TRF-DIRECT, FD420

One Rotary Center

1560 Sherman Avenue

Evanston, IL 60201-3698 USA

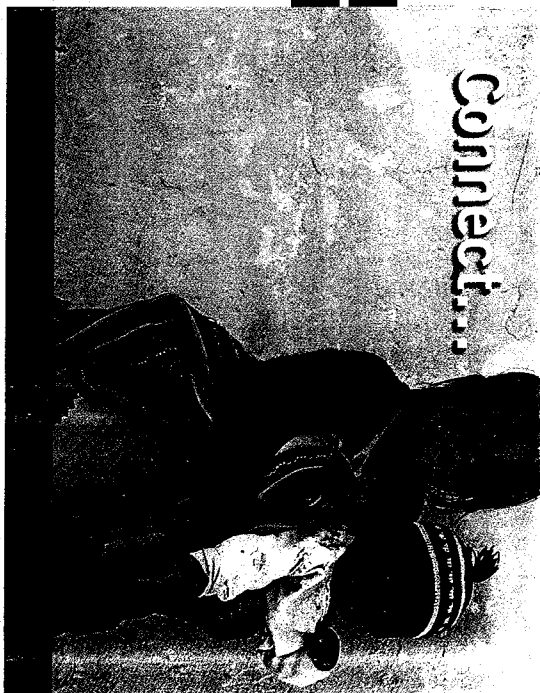
Phone: 847-866-3352 Fax: 847-556-2160

E-mail: TRFDIRECT@rotary.org

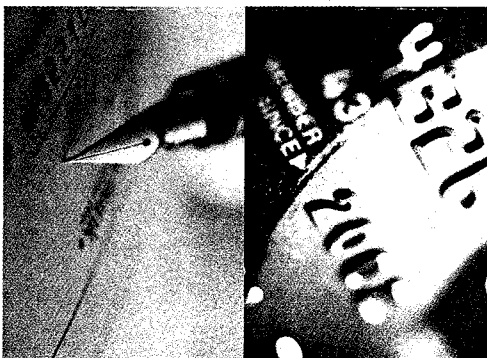
www.rotary.org

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TRF DIRECT DONATIONS CANADA



...Direct