ITRF-DIRECT USA

Credit Card Authorization

Name					
Address					
City					
State Postal Code					
Phone					
E-mail					
Rotary Club #		_ District #			
Rotary Member	ership ID#				
☐ Non-Rotaria	an: Credit the	Rotary Club of			
☐ Alumnus/a		Rotaractor			
Credit Card Information					
Please charge my: (mark one below)					
□ Visa □	MasterCard	☐ American Express			
3-digit securit	y code				
Account #					
Expiration Dat	re				
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 _			
)ate			





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)





TRF DIRECT DONATIONS U S A





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 oilog

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.

SIMPLE

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
D. Alexandra
☐ 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

END	I dulidation to deduct		
POLIO NOW	US\$ for PolioPlus on (choose one below)		
	☐ 1st of every month ☐ 15th of every month ☐ 1st of every quarter ☐ Annually (specify month:)		
EVERY ROTARIAN EVERY	I hereby authorize The Rotary Foundation to deduct		
TEAN	US\$ for the Annual Programs Fund on (choose one below)		
	☐ 1st of every month☐ 15th of every month☐ 1st of every quarter		

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.

□ Annually

(specify month: _

ignature .					
Date					