

TRF-DIRECT CANADA

Set up recurring giving today!



1. Indicate the account you want to debit.
2. Select the amount and frequency you want to contribute.
3. Choose whether to support PolioPlus, the Annual Programs Fund, or both.

Learn more at www.rotary.org/contribute or call 847-866-3352.

All TRF-DIRECT contributions count toward Paul Harris Fellow, Multiple Paul Harris Fellow, and Major Donor recognition. Use your Rotary International MasterCard or American Express to earn additional WorldPoints.

CONVENIENT

SIMPLE

GREEN

SAFE

TRF-DIRECT CANADA

I hereby authorize The Rotary Foundation to deduct

Cheque/savings account (C\$10 minimum)

Credit card (C\$25 minimum)

C\$_____ for **PolioPlus**

C\$_____ for **Annual Programs Fund**

on (choose one below)

1st of every month

15th of every month

1st of every quarter

Annually

(specify month: _____)

If you choose to support both PolioPlus and the Annual Programs Fund, your contributions will be debited from your account in two separate transactions.

Banking Information

Bank Name _____

City _____ Province _____ Postal Code _____

Account Number _____ Routing Number _____

Account Type:

Cheque (include a voided cheque)

Savings (include a deposit slip)

Credit Card Information

Please charge my: (mark one below)

Visa MasterCard American Express

Account Number _____

Security Code _____ Expiration Date _____

Signature _____

I understand that each transaction will appear on my regular bank or credit card statement. I further understand that it is my responsibility to notify The Rotary Foundation if there are any changes to my bank or credit card that will affect my TRF-DIRECT participation. This authorization 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 _____

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ E-mail _____

Rotary Club _____ District _____

Rotary Membership ID _____

Non-Rotarian: Please credit the Rotary Club of _____

Alumnus/a

Rotaractor

Mail or fax the completed form 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

