



the Centurion Club



A FOUNDATION PROGRAMME OF D9700

First name..... Last Name.....

Home Address.....

State Post Code..... **Rotary Club of..... Club Number.....**

Rotary International Membership Number.....(Available from your Club Secretary)

New Member **Continuing Member**

Please apply my donation to Polio Plus (optional)

I would like to pay by

1. Cheque. Enclosed A\$..... payable to "The Australian Rotary Foundation Trust Fund"

Or 2: by Credit Card A\$.....

Name on Card _____ Card No _____

EXPIRY DATE:/.....

SIGNATURE: Date:/...../.....

Or 3: by Direct Debit Total Per Annum A\$.....

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

**Your Tax Deductible Receipt will be forwarded directly to you by
The Australian Rotary Foundation Trust Fund.**

I do not require a Tax receipt. Please treat this as a donation from my club (optional)

Please post to: PDG John Egan, 59 Galing Place, Wagga Wagga, NSW 2650.

DONATIONS OVER \$2.00 ARE TAX DEDUCTIBLE