



# TRF DIRECT



By making your contribution through TRF-Direct, you will immediately be eligible for and recognized as a Sustaining Member, a Paul Harris Fellow, a Paul Harris Society Member, a Potential Major Donor, or a Major Donor.

Please make sure that your contribution in 2011-2012 is sufficient enough to qualify you for the desired recognition you are striving to obtain.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
Rotary Club # \_\_\_\_\_ District # \_\_\_\_\_ Rotary Membership # \_\_\_\_\_  
Non-Rotarian \_\_\_\_\_ Credit Rotary Club of \_\_\_\_\_

Please deduct/charge \$ \_\_\_\_\_ the (Check one) \_\_\_\_\_ 1<sup>st</sup> of each month, \_\_\_\_\_ 15<sup>th</sup> of each month, \_\_\_\_\_ 1<sup>st</sup> of each quarter, \_\_\_\_\_ annually (specify month \_\_\_\_\_) from the account I designated below.  
**Please credit my contribution to the Annual Giving Program.**

Checking or Savings Account Information:

Name of bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Account # \_\_\_\_\_ Routing # \_\_\_\_\_  
Account type \_\_\_\_\_ Checking (include a voided check) \_\_\_\_\_ Savings (Include a deposit slip)

Credit Card Authorization:

Name as shown on your Credit Card \_\_\_\_\_  
\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express. 3 digit Security code \_\_\_\_\_  
Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby authorized the Rotary Foundation to deduct the above amount indicated from the bank account or credit card indicated above. I understand that each transaction will appear on my regular bank statement or 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 bank account or 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 \_\_\_\_\_

Mail this form to: The Rotary Foundation, 14289 Collections Center Dr. Chicago, IL 60693

Or fax to: The Rotary Foundation Attention: Foundation Resources 1-847-328-4101

**Only fax one time.**

**To receive District 6980 recognition for your contribution please fax a copy of this form to our District Rotary Foundation Chair Randy Rawiszer at 407-377-6683.**

If you have any questions regarding this form or any Rotary Foundation matter please contact your club Foundation Chair or District Annual Giving Chair Russ Hale at 407-843-7860 or District Rotary Foundation Chair Randy Rawiszer at 407-377-6855.