

# TRF-DIRECT USA

makes giving to The Rotary Foundation as easy as 1, 2, 3



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

Learn more at [www.rotary.org](http://www.rotary.org), or call 847-866-3352.

TRF-DIRECT is also available in Australia and Canada. Only U.S. residents may apply for TRF-DIRECT USA. Australian residents should contact their international office for information. Canadian residents can download the TRF-DIRECT (Canada) form at [www.rotary.org](http://www.rotary.org).

CONVENIENT

SIMPLE

GREEN

SAFE

## TRF-DIRECT USA

I hereby authorize The Rotary Foundation to deduct

Checking/savings account (US\$10 minimum)

Credit card (US\$25 minimum)

US\$ \_\_\_\_\_ for PolioPlus

US\$ \_\_\_\_\_ 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 \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Account Type:

Checking (include a voided check)

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 \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Rotary Club \_\_\_\_\_ District \_\_\_\_\_

Rotary Membership ID \_\_\_\_\_

Non-Rotarian: Please credit the Rotary Club of \_\_\_\_\_

Alumnus/a: Please credit the Rotary Club of \_\_\_\_\_

Rotaractor: Please credit the Rotary Club of \_\_\_\_\_

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

Phone: 847-866-3352 Fax: 847-556-2160  
E-mail: [trfdirect@rotary.org](mailto:trfdirect@rotary.org)

