



R. I. DISTRICT 9675
Paul Harris Society
COMMITMENT/RENEWAL FORM



First name.....Last Name.....
 Home Address.....
 State NSW Post Code.....Tel:.....Date...../...../.....
 E-mail address.....
 Rotary Club of.....
 Your R I Membership Number.....Club Number.....(Both available from your Club Secretary)

1. I would like to personally support the great humanitarian programs of The Rotary Foundation of Rotary International by becoming a member of the Paul Harris Society (\$US 1000 per year). Please check the current currency conversion rate (\$A970 as of May 2013)
2. I understand that my donation is tax deductible. Receipts will be issued from Rotary International office, Parramatta.
3. I understand that the membership is on a financial year basis, and that I will be asked to renew my membership on 15 May each year for the coming financial year unless I have already made my renewal payment.
4. All initial donations will receive a Paul Harris Society pin and Certificate.

- I wish to become/renew my Paul Harris Society Membership \$US 1,000
 (for current exchange rates see <https://www.rotary.org/myrotary/en/exchange-rates>)
- Please send me information about making a provision in my will (not tax deductible)

PAYMENT DETAILS: All amounts in **Australian** currency \$_____ Please choose Payment Method

- A) Cheque** Made payable to **The Australian Rotary Foundation Trust.** Mail to address below.
- B) Direct Debit** Please read Direct **Debit Terms & Conditions** overleaf.

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 _____ (Default is each May)

- Once only **OR** Yearly Half Yearly Quarterly Monthly

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

- C) Credit Card** MASTERCARD VISA

Name on Card _____

Card No _____ / _____ / _____ / _____ EXPIRY DATE:/.....

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

Frequency Preferred Calendar Date _____ (Default is each May)

- Once only **OR** Yearly Half Yearly Quarterly Monthly

Please return completed form to Rotary International Office P O Box 1415 Parramatta 2124 and a copy to District 9675 Foundation Chair, 31 Claudia Road, Toongabbie 2146, or email to reid_family@bigpond.com