

## **AUTHORIZATION FOR MONTHLY PAYMENTS**

I hereby authorize Lincoln Rotary Club #14 to withdraw funds from my checking or savings account or make charges to my credit card as indicated below:

Item	tem		\$420.00
Membership Dues		\$35.00	
Service Fund Contribut (recommend \$50 annu			
,	4 Foundation Contribution ual pledge or \$25 annually)		
The Rotary (Internation (recommend \$100 and	nal) Foundation Contribution nually)		
Total			
	g/savings account: (please a	_	posit slip)
Name of Bank			
Routing Number			
Account Number			
Payment via credit ca	rd:		
Name/Company on card			
Billing address &	zip code		
Account Number			
Expiration Date 8			

## **THANK YOU**

Return to Lincoln Rotary Club #14, P. O. Box 83843, Lincoln, NE 68501-3843 or give to Mary Buckley at the weekly meeting, or send to her at direx@inebraska.com.