



**Pasadena Rotary Club**  
**556 South Fair Oaks Ave.**  
**Suite 101 #379**  
**Pasadena, CA 91105**  
**Administrator: Wendy Anderson, (626) 683-9243, [office@pasadenarotary.com](mailto:office@pasadenarotary.com)**

**Credit Card Authorization Form**

Visa     Mastercard     American Express

Credit Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV #: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your monthly Rotary invoice will be charged to your credit card.

By signing above, I authorize the following payments be made to this card:

- One-Time Initiation Fee of \$100.00 (individual) or \$250 (corporate)
- Monthly Charges:
  - Monthly Dues of \$48.00
  - Monthly Lunches of \$135.00
  - Tyros Lunches – \$35.00/month for first year only
- Monthly Contributions:
  - Rotary Club of Pasadena Foundation at \$10.00 (tax deductible)
  - Rotary International Foundation at \$12.00 (tax deductible)
- Additional expenses I may incur

Please mail to above address or email completed form to, [office@pasadenarotary.com](mailto:office@pasadenarotary.com).

*Thank you!*