



The Rotary Club of McLean
PO Box 561
McLean, Virginia 22101

Request to Pay by Credit Card:

Date of Request: _____

Name of Activity: _____
(Quarterly Dues; District Activities, etc., be specific)

VISA Card Number: _____

Master Card Number: _____

Discover Card Number: _____

Card Expiration Date: _____

C V V Number: _____
(The three digit number imprinted at the end of the cardholder account number on the signature panel on the back of the card.)

Name on Card: _____
(Name as it appears on the card, include corporate name if shown)

Amount Authorized to be Charged: \$_____

Card Holder Signature: _____

Please complete this form and give to Treasurer at club meetings, or mail to:

Treasurer, Rotary Club of McLean
PO Box 561
McLean, Virginia 22101

Date Processed: _____	Batch: _____
Approval Number: _____	
Authorization: _____	
Comments: _____	