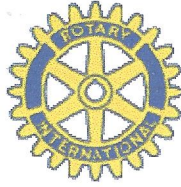


The Rotary Club of Wellington



Credit Card Authorization Form for Dues (Please print clearly)

Name (as it appears on card): _____

Billing Address: _____

Telephone Number: _____

Email Address: _____

Visa _____ MasterCard _____ American Express _____

Card Number: _____

Exp. Date: _____

Signature: _____

Date: _____

CVV # _____

Amount \$ _____

Description _____