



**Pasadena Rotary Club**  
**Mailing Address: 556 South Fair Oaks Ave.**  
**Suite 101 #379, Pasadena, CA 91105**  
**Phone (626) 683-8243 [office@pasadenarotary.com](mailto:office@pasadenarotary.com)**

I have read the Impact Club Information Sheet and I agree to become a Pasadena Rotary Impact Club Member.

Member Name: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Send my Rotary invoice by email to: \_\_\_\_\_

Your monthly Rotary invoice will be charged to your credit card, please complete the form below and mail to the Rotary office. All items will be charged monthly to your credit card unless you notify the Rotary office otherwise. As a courtesy we will accept payments from your employer but you are personally responsible for your billing. If payment is not received from your employer after 60 days, we will bill your card.

**Credit Card Authorization Form**  
**(for use by Impact Club members)**

Visa     Mastercard     American Express

Credit Card Holder Name: \_\_\_\_\_  
(please print name exactly as it appears on card)

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

CVV #: \_\_\_\_\_ (the 3-digit code on the back of the card)

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

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

- Monthly Dues of \$50.00, which includes a \$2 donation to the Pasadena Rotary Foundation
- Any additional charges that I incur such as the cost of attendance at social events and additional donations