



SOROPTIMIST
Best for Women®

SOROPTIMIST INTERNATIONAL OF THE AMERICAS

Financial Transaction Form

PLEASE SUBMIT THIS FORM TO HEADQUARTERS WITH YOUR CONTRIBUTION OR PAYMENT

CLUB/REGION NAME _____ CLUB/REGION NUMBER _____

YOUR NAME _____

DAYTIME PHONE NUMBER _____

EMAIL ADDRESS _____

DUES

Dues (enclose Forms 5008) \$USD _____

CLUB/REGION CONTRIBUTIONS

SIA:

Club Giving \$USD _____

This gift represents at least 10% of our local fundraising dollars. We are committed to supporting SIA's programs that change the lives of women and girls worldwide.

Founders Pennies \$USD _____

Memorial/Tribute Gift (please complete the attached form) \$USD _____

Disaster Grant Fund \$USD _____

SI:

December 10th/President's Appeal \$USD _____

INDIVIDUAL CONTRIBUTIONS

Laurel Society (please complete the attached form) \$USD _____

Memorial/Tribute Gift (please complete the attached form) \$USD _____

Disaster Grant Fund \$USD _____

TOTAL ENCLOSED

Check (please make payable to Sorooptimist International of the Americas)

Bank wire transfer (please indicate date of transfer) _____

Credit card (Visa, Mastercard or American Express only)

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER'S NAME _____

SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.
1709 Spruce Street, Philadelphia, Pennsylvania, 19103-6103, USA
PHONE: 215-893-9000 **FAX:** 215-893-5200 **EMAIL:** siahq@sorooptimist.org

LAUREL SOCIETY

DONOR'S NAME

MEMBER OR CLUB NUMBER

Please apply this gift to:

- Unrestricted Program Support Career Support for Girls
- Live Your Dream: Education & Training Awards for Women
- Dream It, Be It:
- Credit to Donor's Laurel Society
- The donor is giving the gift in the name of the following individual:

Donor wishes to remain anonymous

NAME

MEMBER NUMBER

ADDRESS

CITY

STATE

PHONE

EMAIL ADDRESS

MEMORIAL/TRIBUTE GIFT

Donor wishes to remain anonymous

DONOR'S NAME

MEMBER OR CLUB NUMBER

Please apply this gift to:

- Unrestricted Program Support Career Support for Girls
- Live Your Dream: Education & Training Awards for Women
- Dream It, Be It:

This gift is given in memory of: _____

Please send a memorial card to:

NAME

ADDRESS

CITY

STATE

PHONE

EMAIL ADDRESS

This gift is in honor of: _____

Please send an acknowledgement card to:

NAME

ADDRESS

CITY

STATE

PHONE

EMAIL ADDRESS