

Soroptimist International
of the Americas
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SOROPTIMIST
Best for Women

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YES! Please sign me up for Soroptimist International of the Americas monthly giving option!

You can share in our commitment to improve the lives of women and girls. When you participate, your gift will be transferred conveniently each month from your checking account or credit card directly to Soroptimist.

Your gift will go even further because paperwork is reduced and your gift is put to work immediately to help women who are served by the Soroptimist mission.

A record of each gift will appear on your monthly bank or credit card statement. You may increase, decrease or suspend your contribution at any time by contacting us at 215-893-9000 or by mailing to 1709 Spruce Street, Philadelphia, PA 19103-6103. All gifts provided to Soroptimist originating as ACH transactions comply with U.S. law.

Here's how to join . . .

1. Use this form to indicate the amount you want to contribute each month from your account. Indicate amount here and keep for your records: \$ _____
2. Be sure to sign your name and indicate which withdrawal date you prefer.
3. Return the completed enrollment form with a voided check or your credit card information. Your contributions will begin transferring in about four weeks.

Soroptimist International of the Americas thanks you for your generous gift!

YES! Please sign me up for Soroptimist International of the Americas monthly giving option!

With a monthly gift of: \$50 \$100 \$200 Other: _____

On the: _____5th or _____20th of each month

Enclosed is a voided check that shows the account and routing numbers for my account. Please transfer my monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

OR

Here is my credit card information. Please transfer my monthly gifts from my credit card. I understand my future gifts will be transferred directly from my credit card.

VISA MasterCard American Express

Card #: _____

Expiration Date: _____

Security Code: _____

Member Number: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

E-Mail: _____

Signature: _____

(Required)

Date: _____