



**SOROPTIMIST**  
Best for Women®

Monthly Giving is a great way to ensure Soroptimist programs have the funding needed to continue helping women and girls around the world realize their goals and achieve their dreams. Monthly contributions create a steady and reliable source of funding that go even further to help women and girls because paperwork is reduced and the gift is put to work immediately. All monthly gifts are also credited toward your total recognition in the Laurel Society.

Once enrolled, your gift will be transferred conveniently each month from your checking account or credit card directly to Soroptimist. You may increase, decrease or suspend your contribution at any time by contacting us at 215-893-9000 or <[a href="mailto:siahq@soroptimist.org">siahq@soroptimist.org>.

# SOROPTIMIST INTERNATIONAL OF THE AMERICAS Monthly Giving Program

## ENROLLMENT FORM

**YES! Please enroll me in Soroptimist International of the Americas' Monthly Giving Program!**

Donor wishes to remain anonymous

\_\_\_\_\_  
DONOR NAME MEMBER NUMBER

\_\_\_\_\_  
DAYTIME PHONE EMAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP/POSTAL CODE

\_\_\_\_\_  
COUNTRY

### SELECT YOUR MONTHLY GIFT AMOUNT (US\$):

\$125  \$100  \$50  \$25  OTHER US\$ \_\_\_\_\_

To be taken each month on the:  5th OR  20th

### PLEASE APPLY MY GIFT TO:

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

### SELECT A GIVING OPTION:

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

\_\_\_\_\_  
CARD HOLDER'S NAME (please print)

\_\_\_\_\_  
**SIGNATURE (required for credit card AND check donations)**

\_\_\_\_\_  
**DATE**

### PLEASE SUBMIT THIS FORM:

**BY MAIL TO:** Soroptimist International of the Americas, 1709 Spruce Street, Philadelphia, PA, 19103-6103, USA  
-OR- **BY FAX TO:** 215-893-5200