



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