



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 Soroptimist 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@soroptimist.org

LAUREL SOCIETY

DONOR'S NAME

MEMBER OR CLUB NUMBER

Please apply this gift to:

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

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

☐ 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