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) $USD_____________________

☐ 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:

NAME        MEMBER NUMBER
ADDRESS
CITY       STATE
PHONE
EMAIL ADDRESS

MEMORIAL/TRIBUTE GIFT

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