

Soroptimist International of the Americas, Inc.® Club/Region Financial Transaction Form

Soroptimist International of the Americas 1709 Spruce Street Philadelphia, PA 19103		
CLUB/REGION NAME		CLUB/REGION NUMBER
YOUR NAME		
DAYTIME PHONE NUMBER		
EMAIL ADDRESS		
DUES		
Dues (enclose Forms 5008)	S	\$USD
CLUB/REGION CONTRIBUTIONS SIA:		
Club Giving	S	\$USD
This gift represents at least 10% of our local fundraising dol to supporting SIA's programs that change the lives of wome		
Founders Pennies	ç	\$USD
Memorial/Tribute Gift (please complete the attached form	ו) 5	\$USD
SI:		
SI Foundation	S	\$USD
TOTAL ENCLOSED		
Check (please make payable to Soroptimist International o	of the Americas, Inc.)	
Bank wire transfer (please indicate date of transfer)		
Credit card (Visa, Mastercard or American Express only)		
Paypal		
Please Charge the card below		
CREDIT CARD NUMBER	EXPIRATION DATE	SECURITY CODE
CARDHOLDER'S NAME (Please print)		

Please submit this form, along with your contribution or payment, to SIA Headquarters:

MEMORIAL/TRIBUTE GIFT

Please apply this gift to	b :		
Unrestricted Support	Live Your Dream: Education & Training Awards for Wo	omen® 🔲 Dream It, Be It: Career Support for Girls	
This gift is given:			
in memory of in h	onor of :		
Credit Soroptimist's La	urel Society recognition		
NAME	MEMBER	MEMBER NUMBER	
Please send an acknow	vledgement card and/or Laurel Society pin to:		
NAME			
ADDRESS			
CITY	STATE	ZIP	
COUNTRY			
PHONE			
EMAIL ADDRESS			