



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

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

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) \$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 _____

SI:

☐ December 10th/President's Appeal \$USD _____

TOTAL ENCLOSED

☐ Check (please make payable to Soroptimist International 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)

SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.[®]

1709 Spruce Street, Philadelphia, PA 19103 USA

PHONE: 215-893-9000 **FAX:** 215-893-5200 **EMAIL:** siahq@soroptimist.org

MEMORIAL/TRIBUTE GIFT

Please apply this gift to:

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

This gift is given:

☐ in memory of ☐ in honor of : _____

☐ Credit Soroptimist's Laurel Society recognition

NAME

MEMBER NUMBER

Please send an acknowledgement card and/or Laurel Society pin to:

NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

PHONE

EMAIL ADDRESS

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