



**SOROPTIMIST®**  
Investing in Dreams

The Soroptimist Stargazers are an incredible community of generous, passionate, and devoted individuals—like YOU. They are an unstoppable force, creating positive and lasting change in the lives of women and girls around the world—and we think you're going to fit right in!

Each month, your contribution will be automatically processed, allowing you to steadily build your recognition in the Laurel Society while providing thousands of women and girls with the tools they need to succeed!

*We envision a day when every woman and girl is ensured a brighter future, reaches her full potential, and lives her dream.*

*You will be receiving a star-shaped Stargazer Monthly Giver pin to honor your commitment and generosity. Please wear it with pride your to virtual and in-person SIA events.*

*Together we have the power to make dreams a reality!*

# Sustaining Our Dream Programs

## Soroptimist Stargazers

### ENROLLMENT FORM

**YES! I am ready to become a Soroptimist Stargazer!**

DONOR NAME \_\_\_\_\_ MEMBER ID (if applicable) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

#### SELECT YOUR MONTHLY GIFT AMOUNT (US\$):

\$25     \$50     \$75     \$100     OTHER US\$ \_\_\_\_\_

Donor wishes to remain anonymous

#### PLEASE APPLY MY GIFT TO:

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

#### MONTHLY DONATION DATE:

5th of each month     20th of each month

#### SELECT A GIVING OPTION:

Please transfer my monthly gifts from my checking account. Enclosed is a voided check that shows the account and routing numbers for my account. I understand my future gifts will be transferred directly from my account.

Here is my credit card information. Please transfer my monthly gifts from my credit card. I understand my future gifts will be transferred directly from my credit card.

\_\_\_\_ VISA                      \_\_\_\_ MASTERCARD                      \_\_\_\_ AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARD HOLDER'S NAME (please print) \_\_\_\_\_

**SIGNATURE (required for credit card AND check donations)** \_\_\_\_\_

**DATE** \_\_\_\_\_

**THANK YOU FOR YOUR CONTRIBUTION! PLEASE SUBMIT THIS FORM:**

**SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.®**

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