



Soroptimist International of the Americas Inc.®

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 _____

Dream Big Campaign (please complete attached form if applicable) \$USD _____

SI:

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

INDIVIDUAL CONTRIBUTIONS

Laurel Society Recognition (please complete the attached form) \$USD _____

Memorial/Honorary Gift (please complete the attached form) \$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

LAUREL SOCIETY

DONOR'S NAME

MEMBER OR CLUB NUMBER

Please apply this gift to:

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

Dream Big Campaign

Credit to Donor's Laurel Society

Donor wishes to remain anonymous

The donor is giving the gift in the name of the following individual:

NAME

MEMBER NUMBER

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

MEMORIAL/TRIBUTE GIFT

Donor wishes to remain anonymous

DONOR'S NAME

MEMBER OR CLUB NUMBER

Please apply this gift to:

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

Dream Big Campaign

This gift is given:

in memory of in honor of : _____

Please send an acknowledgement card to:

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS