Financial Transaction Form

Please submit this form to headquarters with your contribution or payment.

<table>
<thead>
<tr>
<th>CLUB/REGION NAME</th>
<th>CLUB/REGION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUR NAME</td>
<td></td>
</tr>
<tr>
<td>DAYTIME PHONE NUMBER</td>
<td></td>
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<tr>
<td>EMAIL ADDRESS</td>
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**Dues**
- $USD_________________

**Club/Region Contributions**

- **SIA:**
  - $USD_________________
    - Club Giving
      - 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
  - Dream Big Campaign (please complete attached form if applicable)

- **SI:**
  - $USD_________________
    - December 10th/President's Appeal

**Individual Contributions**

- $USD_________________
  - Laurel Society Recognition (please complete the attached form)
  - Memorial/Honorary Gift (please complete the attached form)

**Total Enclosed**

- $USD_________________
  - 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)

<table>
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<tr>
<th>CREDIT CARD NUMBER</th>
<th>EXPIRATION DATE</th>
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<tbody>
<tr>
<td>CARDHOLDER'S NAME</td>
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Soroptimist International of the Americas Inc.

Best for Women

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 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’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 ____________________________