



# Soroptimist International of the Americas® 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 \_\_\_\_\_

Memorial/Tribute Gift (please complete the attached form) \$USD \_\_\_\_\_

### SI:

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

## INDIVIDUAL CONTRIBUTIONS

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

Memorial/Tribute 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*®

Credit to Donor's Laurel Society

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

Donor wishes to remain anonymous

NAME

MEMBER NUMBER

ADDRESS

CITY

STATE

PHONE

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*®

### This gift is given:

in memory of  in honor of : \_\_\_\_\_

### Please send an acknowledgement card to:

NAME

ADDRESS

CITY

STATE

PHONE

EMAIL ADDRESS