



SOROPTIMIST
Best for Women

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 _____

Disaster Grant Fund \$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 _____

Disaster Grant Fund \$USD _____

TOTAL ENCLOSED \$USD _____

Check (please make payable to Soroptimist International of the Americas)

Bank wire transfer (please indicate date of transfer) _____

Credit card American Express, Master Card, VISA only

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Soroptimist International of the Americas, Inc.
1709 Spruce Street, Philadelphia, PA 19103-6103
Phone: (215) 893-9000 · Fax: (215) 893-5200 · E-mail: siahq@soroptimist.org

LAUREL SOCIETY

Donor's Name: _____ Member or Club # _____

Credit to Donor's Laurel Society

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

Name: _____ Member # _____

Address _____

City _____

Phone _____

E-mail address: _____

MEMORIAL/TRIBUTE GIFT

Donor's Name: _____ Member or Club # _____

This gift is given in memory of: _____

Please send a memorial card to:

Name: _____

Address _____

City _____

Phone _____

E-mail address: _____

This gift is in honor of: _____

Please send an acknowledgement of this gift to:

Name: _____

Address _____

City _____

Phone _____

E-mail address: _____