



Founder Region Fellowship, Inc. 2018-2020 Financial Transaction Form

(Please submit this form to Founder Region Fellowship Treasurer)

Club Name _____ District _____

Your Name _____

Daytime Phone Number _____

Email Address _____

CLUB CONTRIBUTIONS

Soroptimist International of _____

- Fellow (Complete the Fellow Information Form on page 3) \$ _____
- Memorial/Tribute Gift (for a deceased person or an organization - see page 2)** \$ _____
- Fun For Fellowship \$ _____
- In honor of (for a living person or an organization - see page 2)** \$ _____
- Other (be specific) \$ _____

INDIVIDUAL CONTRIBUTIONS

- Fellow (Complete the Fellow Information Form on page 3) \$ _____
- Memorial/Tribute Gift (for a deceased person or an organization - see page 2)** \$ _____
- In honor of (for a living person or an organization - see page 2)** \$ _____
- Estate planning contribution to the Dorothy Sarnes Memorial Fund** A dollar amount or % need not be specified at this time.
- Other (be specific) \$ _____

TOTAL: \$ _____

- Credit Card** (please make payment online through our website: www.founderregionfellowship.org)
- Check** (please make payable to Founder Region Fellowship, Inc.)

Mail to: **CRYSTAL ARBUTHNOT, Treasurer**
Founder Region Fellowship, Inc.
32 Christopher Lane, Garberville, CA 95542
Phone: 707-923-9235 (message only); 707-223-8882 (cell)
Email: fellowship5director@gmail.com

**** Please indicate if you would like your "in honor of/memorial/estate planning gift" acknowledged (name & club only) in the program at the Founder Region May conference. (Circle one) YES NO**



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MEMORIAL/TRIBUTE GIFT

Donor's Name: _____

Member of Soroptimist International of _____

This gift is given in memory of:

Please send a memorial card to:

Name: _____

Address _____

City _____

Phone _____

e-mail address: _____

IN HONOR OF

Donor's Name: _____

Member of Soroptimist International of _____

This gift is in honor of:

Please send an acknowledgment of this gift to:

Name: _____

Address _____

City _____

Phone _____

e-mail address: _____



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FELLOW INFORMATION FORM

___1st Fellow ___2nd Fellow ___3rd Fellow ___4th Fellow ___5th Fellow

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

E-MAIL: _____

MEMBER OF SOROPTIMIST INTERNATIONAL OF : _____

District: _____ **Fellowship Director** _____

IF THIS IS A CLUB GIFT, PLEASE GIVE CLUB CONTACT:

Contact officer: _____ **Phone #** _____ **e-mail:** _____

If this is to be mailed or presented at club, what is the anticipated date of presentation? _____

Would you like the pin presented at Conference? _____ **Is this a surprise?** _____

Please print out a copy of the completed forms and send to:

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32 Christopher Lane, Garberville, CA 95542
fellowship5director@gmail.com
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To be completed by Founder Region Fellowship Treasurer

Paid: Check: # _____ **Amount** _____

Cash: Amount _____

CC: Amount _____