



Founder Region Fellowship, Inc.

2018-2020 Financial Transaction Form

(Please submit this form to your Founder Region Fellowship District Director)

Club Name _____ District _____

Your Name _____

Phone _____ Email _____

CLUB CONTRIBUTIONS

Soroptimist International of _____

- Fellow (Complete the Fellow Information - see page 2) \$ _____
- In Memory of Gift (for a deceased person - see page 2) \$ _____
- In Honor of Gift (for a living person or an organization - see page 2) \$ _____
- Fun for Fellowship \$ _____
- Other (be specific) \$ _____

INDIVIDUAL CONTRIBUTIONS

- Fellow (Complete the Fellow Information - see page 2) \$ _____
- In Memory of Gift (for a deceased person - see page 2) \$ _____
- In Honor of Gift (for a living person or an organization - see page 2) \$ _____
- Fun for Fellowship \$ _____
- Estate planning contribution to the Dorothy Sarnes Memorial Fund
(Please speak with your District Director to make a pledge. A dollar amount or percentage need not be specified at this time. See page 2) \$ _____
- 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: **Your Founder Region Fellowship District Director (See Board Directory on website)
Founder Region Fellowship, Inc.**

See Board Directory on website for mailing address of your District Director
Phone and Email: See Directory on website for information

To be completed by Founder Region Fellowship Treasurer

Paid: Check: # _____ Amount _____ Cash: Amount _____ CC: Amount _____



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FELLOW INFORMATION

__ 1st Fellow __ 2nd Fellow __ 3rd Fellow __ 4th Fellow __ 5th Fellow __ 6th Fellow __ 7th Fellow __ 8th Fellow __ 9th Fellow __ 10th 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? _____

In Memory of/In Honor of/Estate Planning Dorothy Sarnes Fund Gift

Donor's Name: _____

Member of Soroptimist International of _____

This gift is given in memory of: _____

This gift is in honor of: _____

Please send a In Memory of In Honor of acknowledgment to:

Name: _____

Address _____

City _____

Phone _____ e-mail address: _____

This is an estate planning contribution to the Dorothy Sarnes Memorial Fund

Please indicate if you would like your "In Memory of/In Honor of/Estate Planning Dorothy Sarnes Memorial Fund gift" acknowledged (club or name only) in the program at the Founder Region May conference. (Circle) YES NO