

Founder Region Fellowship, Inc.

2022-2024 Financial Transaction Form

(Please email this form to your Fellowship Director AND the Fellowship Treasurer.)

Club Name: _____

Person Completing Form: _____

Phone: _____ Email: _____

CLUB CONTRIBUTIONS

Soroptimist International of _____

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Fellow (Complete the Fellow Information - see page 2)) | \$ _____ |
| <input type="checkbox"/> | <i>In Memory of</i> Gift (for deceased person - see page 3) | \$ _____ |
| <input type="checkbox"/> | <i>In Honor of</i> Gift (or a living person or an organization - see page 3) | \$ _____ |
| <input type="checkbox"/> | Fun for Fellowship (see page 4) | \$ _____ |
| <input type="checkbox"/> | Other (be specific - see page 4) _____ | \$ _____ |

INDIVIDUAL CONTRIBUTIONS

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Fellow (Complete the Fellow Information - see page 2) | \$ _____ |
| <input type="checkbox"/> | <i>In Memory of</i> Gift (for deceased person - see page 3) | \$ _____ |
| <input type="checkbox"/> | <i>In Honor of</i> Gift (for a living person or an organization - see page 3) | \$ _____ |
| <input type="checkbox"/> | Fun for Fellowship (see page 4) | \$ _____ |
| <input type="checkbox"/> | Estate Planning Contribution (Please speak with your District Director to make a pledge. A dollar amount or percentage need not be specified at this time - see page 3) | \$ _____ |
| <input type="checkbox"/> | Other (be specific - see page 4) _____ | \$ _____ |

TOTAL \$ _____

PAYMENT METHOD:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Credit Card (Make payment online through the Fellowship website: www.founderregionfellowship.org & mail form to the Fellowship Treasurer.) |
| <input type="checkbox"/> | Check (Make payable to Founder Region Fellowship, Inc.) |

Mail check & form to: Danelle Tegarden, Fellowship Treasurer
3505 Pine Street, Eureka, CA 95503

For questions: call (707) 498-2779 or email
FRFellowshipTreasurer2022.2024@gmail.com

To be completed by Founder Region Fellowship Treasurer

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

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FELLOW INFORMATION (Please complete entire page.)

1 **FELLOW LEVEL** (Please check one)

___ 1st Fellow ___ 2nd Fellow ___ 3rd Fellow ___ 4th Fellow ___ 5th Fellow
___ 6th Fellow ___ 7th Fellow ___ 8th Fellow ___ 9th Fellow ___ 10th Fellow
___ 12th Fellow ___ 12th Fellow ___ 13th Fellow ___ 14th Fellow ___ 15th Fellow

2 **FELLOW TO BE PRESENTED TO:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

3 **MEMBER OF SOROPTIMIST INTERNATIONAL OF** _____

District: _____ Fellowship Director: _____

4 **IS THIS A CLUB GIFT?** YES NO (If yes, provide contact info below)

Name: _____ Office: _____ Phone: _____

Phone: _____ Email: _____

5 **WAS THIS FELLOW WON AT DISTRICT MEETING** YES NO

6 **WAS THIS FELLOW WON AT CONFERENCE?** YES NO

7 **PRESENTATION OF FELLOW:**

A. What is the anticipated date of presentation? _____

B. Would you like the pin/certificate presented at a club meeting? _____

C. Would you like the pin/certificate presented at Conference? _____

D. Will receiving this Fellow be a surprise to the recipient? _____

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HONORARY/MEMORIAL DONATION

CHECK ONE:

☐

In Memory of a Person

☐

In Honor of a Living Person or Organization

☐

Notification of Estate Planning Decision

PLEASE COMPLETE:

Donor's Name (If club or organization, please state that name): _____

Member of SI/ _____

☐

This gift is given in memory of _____

☐

This gift is in honor of: _____

Please send an acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐

This is an estate planning notification. (Contact person and address.)

(Contact your
estate planner
to make
arrangements.)

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Please indicate if you would like your "In Memory of/In Honor of/Estate Planning" donation acknowledged (club or name only) in the program at the Founder Region Conference. (Mark one below)

☐

YES

Club: _____ Name: _____

☐

NO

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" FUN FOR FELLOWSHIP"

CLUB: _____

DISTRICT: _____

FUN FOR FELLOWSHIP DONATION:

AMOUNT: _____

☐ Check Check # _____

☐ Credit Card Date paid online: _____

OTHER DONATION

Specify Nature of Donation: _____

AMOUNT: _____

☐ Check Check # _____

☐ Credit Card Date paid online: _____

2022-2024 FELLOWSHIP BOARD CONTACT INFORMATION

President	Kris Chorbi	kchorbi5@yahoo.com	(707) 498-9711
Treasurer	Danelle Tegarden	FRFellowshipTreasurer2022.2024@gmail.com	(707) 498-2779
District I	Billie Knight	Billie.frfellowship@aol.com	(510) 825-7389
District II	Dana Holve	danaholve@gmail.com	(949) 230-5215
District III	Laurie Gallian	galbride@comcast.net	(707) 738-9847
District IV	Laura Middlemiss	missmiddle@suddenlink.net	(707) 845-2057
District V	Angie Bugarin	abugarin53@gmail.com	(808) 275-7699