



**Humane  
Society**  
of Monroe County

**Donation/Sponsor Form**

\_\_\_\_\_  
Name/ Business E-mail

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Card Number Expiration Date 3 Digit Security Code Billing Zip Code

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Signature

Would you like your thank you/ receipt to be sent by **MAIL**? \_\_\_\_ Yes \_\_\_\_ No

Would you like your thank you/ receipt sent by **EMAIL**? \_\_\_\_ Yes \_\_\_\_ No

**I do not require** a thank you/receipt form \_\_\_\_ Yes \_\_\_\_ No

\$ \_\_\_\_\_ **DONATION**

\$ \_\_\_\_\_ **Spay and Neuter Program (SPOT)**

\$ \_\_\_\_\_ **Other**

\$ \_\_\_\_\_ **Cage Sponsor** (\$50 per cage sponsored) \_\_\_\_ Cat \_\_\_\_ Dog

\$ \_\_\_\_\_ **Memorial Donation** in Memory of \_\_\_\_\_ Do you want a notice sent

to the family? \_\_\_\_ Yes \_\_\_\_ No **If YES:** Name \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\$ \_\_\_\_\_ **In Honor of Donation** to \_\_\_\_\_

Do you want a notice sent to the individual/business? \_\_\_\_ Yes \_\_\_\_ No

**If YES:** Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please Print**

Mail to: Humane Society of Monroe County P.O. Box 1457 Monroe, MI 48161