



HUMANE SOCIETY
— of Indianapolis —

Monetary Donation Form

Type of Donation (Please Check):

- General Donation** **Memorial/Honorarium** (in honor/memory of people & pets)
 Animal Care Fund/Medical Sponsorship: Animal Name _____

Donor Information:

Name _____

Address _____

City/State _____ **Zip** _____

Daytime Phone _____ **E-mail** _____

Amount Donated _____

Payment Method

Cash **Check #** _____ (Please make all checks payable to the Humane Society of Indianapolis)

Visa **Mastercard** **Discover** **American Express**

Card # _____ **Exp. Date** _____

Name on card _____

Signature _____

For Memorials/Honorariums:

In Honor of: _____ **Person** ____ **Pet** ____

In Memory of: _____ **Person** ____ **Pet** ____

On the Occasion of: _____

Send Acknowledgment To:

Name _____

Address _____

City/State _____ **Zip** _____

Name(s) to be signed to acknowledgement card: _____

If you have any questions please call (317) 872-5650 x125

Humane Society of Indianapolis
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Indianapolis, IN 46268