

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Gift Amount \$ _____ This is a: One-Time Gift Monthly Constant Companion Gift (minimum \$10)

Check Credit Card _____ Exp: _____ CVV 3 digit: _____

I authorize Tri-County Humane Society to process the gift transaction(s) to my credit card as identified above.

Signature: _____ Date: _____

Dedication in honor of in memory of _____ pet person

Please DO NOT publish my name.

Check all of the items below that you would like sent to you:

Volunteering Foster Care Kennel Sponsorship Including TCHS in My Will Gift Receipt

Response not necessary, save the stamp!

Tri-County Humane Society is a 501 (c) 3 organization, MBAH Kennel License MN1740200.

Your donation is tax-deductible to the fullest extent allowed by law.