



## Capital Campaign Donations

**THANK YOU** for your donation and support. Together we're building a better facility for the animals and the community! Because of you, *Happiness Happens Here.*

### DONOR

Name (s) \_\_\_\_\_ Business (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ C/S/Z \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

For acknowledgement purposes, please print my name as: \_\_\_\_\_

This gift is in honor of / in memory of \_\_\_\_\_ dog / cat / person

### GIFT

One-time gift \$ \_\_\_\_\_

Pledge total \$ \_\_\_\_\_

This is a:

\_\_\_\_\_ 1 year pledge \_\_\_\_\_ 3 year pledge \_\_\_\_\_ 5 year pledge

Payable (select one):

Send me an invoice annually on \_\_\_\_\_ (date)

Send me quarterly invoices

Bill my credit card monthly

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have included Tri-County Humane Society in my will.

*Matching gifts:* I anticipate my gift will be matched by (name of company) \_\_\_\_\_

### PAYMENT

Check # \_\_\_\_\_ Date \_\_\_\_\_

Make secure credit card payment online at [www.tricountyhumanesociety.org/capitalcampaign](http://www.tricountyhumanesociety.org/capitalcampaign) or

Visa | MasterCard | Discover

Cardholder Name \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV \_\_\_\_\_

**Tri-County Humane Society | PO Box 701 | St. Cloud, MN 56302**

320-252-0896 ext. 28 | [give@tricountyhumanesociety.org](mailto:give@tricountyhumanesociety.org) | [www.happinesshappenshere.org](http://www.happinesshappenshere.org)

TCHS is a 501c-3 nonprofit animal shelter, Kennel License MN140200. Contributions are tax-deductible to the fullest extent as permitted by law. Tax ID #23-744-9686.