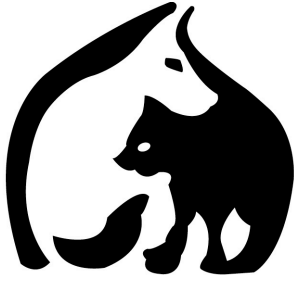


# The Humane Society of McDonough County



P.O. Box 7  
Macomb, IL 61455

Phone: 309-837-5611  
Website: [www.hsmcil.org](http://www.hsmcil.org)

Yes, I want to join the Humane Society of McDonough County and support its mission and programs!

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Second Contact #) \_\_\_\_\_


E-mail Address: \_\_\_\_\_

## TYPE OF MEMBERSHIP:

 JUNIOR (under 18) \$5.00 \*If Family Membership, list all member names:

 STUDENT OR SENIOR \$10.00 \_\_\_\_\_


 INDIVIDUAL \$25.00 \*\*If Pet Membership, please list name(s):

 FAMILY \* \$35.00 \_\_\_\_\_

 PET \*\* \$5.00

## BUSINESS MEMBERSHIPS:

 CONTRIBUTING \$50.00  PROTECTOR \$100.00

 SUSTAINING \$100.00  GUARDIAN \$250.00

 SUPPORTING \$500.00  DEFENDER \$500.00

 LIFETIME \$1,000.00

May we notify you of meetings and upcoming events?  Yes  No

Are you interested in attending monthly meetings?  Yes  No

Are you willing to help with an HSMC activity, if contacted?  Yes  No

Please mail completed application and payment to:

Humane Society of McDonough County, Inc.

P.O. Box 7

Macomb, IL 61455

### For Office Use Only

Amt. Rec'd: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Card Sent: \_\_\_\_\_