



P.O. Box 7  
Macomb, IL 61455

# Humane Society of McDonough County

An Illinois Not-for-Profit and Federal 501(c)3 Organization

Website: [www.hsmcil.org](http://www.hsmcil.org)

Facebook: [www.facebook.com/HSMCIL](http://www.facebook.com/HSMCIL)



Petfinder: [www.petfinder.com/shelters/IL65.html](http://www.petfinder.com/shelters/IL65.html)

Email: [humanesociety.mcil@gmail.com](mailto:humanesociety.mcil@gmail.com)

## DONATION FORM


**Yes, I want to support the Humane Society of McDonough County's efforts with my donation!**

### TYPE OF DONATION

-  Unrestricted Donation in the amount of \$ \_\_\_\_\_ (To be used where needed most)
-  Restricted Donation in the amount of \$ \_\_\_\_\_ Please circle the Program(s) you wish to support:
  - Spay/Neuter & Transport      Cat Vaccines (animal shelter)      Foster Program
  - Adoption Sponsorships (animal shelter)      Angel Fund      Special Medical Needs (animal shelter)
  - New Shelter Building Campaign      Other \_\_\_\_\_

This Donation is made in Honor of: \_\_\_\_\_


This Donation is made in Memory of: \_\_\_\_\_

 Please mail an acknowledgement of this Memorial/Honorary donation to:

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

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

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

 Mail Donation confirmation to (person making donation):

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

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

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

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

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

Via email, may we notify you of meetings and upcoming events?  Yes  No

Please mail to:

Humane Society of McDonough County  
PO Box 7, Macomb, IL 61455

**Thank You!**

#### For Office Use Only

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

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

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