

Thank you for supporting the Humane Society of McDonough County, an Illinois Not-for-Profit and Federal 501(c)3 Organization.

HEAVENLY PAWS 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 c	circle the Program(s) you wish to support:	
Spay/Neuter & Transport Cat Vac	cines (animal shelter)) Foster Program	
Adoption Sponsorships (animal shelter)	Angel Fund S	Special Medical Needs (animal shelter)	
New Shelter Building Campaign	Other		
This Donation is made in Memory of my b	eloved pet:		
Please circle: Dog Cat Other			
Any other information you would like to share: _			
Do you wish to have this information shared on o	our Heavenly Paws we	bpage?	
Mail Donation confirmation to (person ma	king donation):		
Name:		Date:	
Address:			
City:	State:	Zip Code:	
Telephone: (Primary Contact #)	(Second C	ontact #)	
E-mail Address:			
Viaemail, may we notify you of meeting	sandupcomingevo	ents? Yes No	
		For Office Use Only	
Please mail to:		Amt. Rec'd:	
Humane Society of McDonough County PO Box 7, Macomb, IL 61455	Thank You		
		Card Sent:	