

## The power of compassion.

**To become a monthly donor**, simply complete this form, attach documentation as instructed, and mail to Attn: Development Department, 4500 W. Wisconsin Ave, Milwaukee, WI 53208

## **Monthly Giving Plan**

By signing this pre-authorized payment form and returning it to the Wisconsin Humane Society, your pre-set donation will be deducted monthly from your bank account or credit card. You will receive *one* cumulative receipt at the end of the year if you use either of these methods.

NAME (Please Print):		
TELEPHONE #:	Email:	
ADDRESS:		
CITY	STATE	ZIP CODE
Checking or Savings Account Authorization		
I hereby authorize the Wisconsin account (please circle one) on the arrangement in writing at any tim	10th day of each month. I ur	from my CHECKING/ SAVINGS nderstand that I may cancel this
Signature		Date
		rrangements with your bank. If you wish se include a photocopy of a statement.
Credit Card Authorization		
I hereby authorize the Wisconsin Humane Society to charge \$ to my CREDIT CARD on the 10th day of each month. I understand that I may cancel this arrangement in writing at any time.		
Signature		Date
DISCOVER VISA	MASTERCARD	
Credit card number:		Exp
I'd like my monthly contribution to be directed toward the following campus:		
Milwaukee Campus	Ozaukee Campus	Racine Campus
If you have any questions about monthly giving, please contact Sarah Trudeau at 414.431.6270		