

Donation Form

Please print, complete and mail this form to:

Hamilton/Burlington SPCA 245 Dartnall Road Hamilton, ON L8W 3V9



Charitable Registration #: 11923 6750 RR0001

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Donor Information	n	
Salutation: () Mr. (Mrs. Ms. Dr.	Other:
First Name:	Last	t Name:
		Postal Code:
Phone:	Email:	
Tribute Information	on (If making a tribut	e gift, please complete this section)
In Memory of:	`	
In Honour of:		Honour Reason:
Please send Acknowl		
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City:	Province:	Postal Code:
I would like to mal	ke a One Time Gift of	· :
○ \$20 ○ \$30		Other \$
		the HBSPCA O Credit Card (provided below)
FUREVER FRIENDS Mo	onthly Giving Progran	n
Please withdraw: () \$10	$\bigcirc \bigcirc \$20 \bigcirc \$25 \bigcirc \bigcirc$	Other \$: On the 1st of the month
	olank cheque marked VC	
Payment Informati	ion Credit Card Type:	O Visa O MasterCard O American Express
Credit Card Number	· ·	Expiry Date: CVV:
Signature:		Date donation made:

Thank you!

Together, we are creating a more humane community for animals and the people who love them.