



## Automatic or Recurring Contribution Form

Donor's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_

### Payment Information:

Donation Amount (no minimum required): \$ \_\_\_\_\_

Please select the number of months you would like the automatic or recurring donation to continue:

6 months       12 months       18 months       24 months       Other \_\_\_\_\_

You can choose to have your automatic or recurring donation to continue indefinitely or until you cancel it by notifying us. Please check this box if wish for your donation to be automatic every month until you notify us otherwise:

I choose to have my contributions go farther by signing up for automatic deductions every month until I cancel the automatic deduction.

Visa       Mastercard       Discover

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

My employer may match my gift. Employer Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please return this form to:  
The Humane Society of Central Washington  
2405 W. Birchfield Rd., Yakima, WA 98901

**THANK YOU FOR YOUR DONATION!**