



Honor/Memorial Request Form

Donor's Name _____ Home Phone (____) _____

Address _____ Work Phone (____) _____

City, State, Zip _____ Email Address _____

This contribution is a gift:

In Memory of (name): _____

In Honor of (name): _____

- Birthday
- Anniversary
- Bar Mitzvah
- Bat Mitzvah
- Holiday _____
- Other _____

For:

A Dog A Cat A Person Other _____

Notification:

Please send notification by mail regarding my contribution (no amount is mentioned) to:

Name _____

Address _____

City, State, Zip _____

Payment Information:

Donation Amount (no minimum required): \$ _____

- Cash Check (please make payable to the Humane Society of Central Washington or HSCW)
- 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!