



Humane Society OF HARRISBURG AREA

Memorial/Honorary Donation Form

DONOR INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

MEMORIAL/HONORARY INFORMATION

In memory of: In honor of:

Name: _____

Please send notification of the donation to (i.e. family of memorialized person or pet):

Name: _____

Address: _____

City/State/Zip: _____

DONATION INFORMATION:

Donation Amount: \$ _____

Check enclosed

Please charge my:

Visa MasterCard

Account Number: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

Return completed form to:
Humane Society of Harrisburg Area
7790 Grayson Road
Harrisburg, PA 17111
Phone: 717.564.3320 Fax: 717.564.1867

THANK YOU FOR YOUR DONATION!