



The power of compassion.

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 Humane Society to deduct \$_____ from my CHECKING/ SAVINGS account (please circle one) once per month. I understand that I may cancel this arrangement in writing at any time.

Signature

Date

Please enclose a check marked "VOID" so that we may make arrangements with your bank. If you wish to make monthly contributions from your savings account, please include a photocopy of a statement.

Credit Card Authorization

I hereby authorize the Wisconsin Humane Society to charge \$_____ to my CREDIT CARD once per month. I understand that I may cancel this arrangement in writing at any time.

Signature

Date

__ DISCOVER __ VISA __ MASTERCARD

Credit card number: _____ - _____ - _____ - _____ Exp. ____ - ____ CVV: _____

I'd like my monthly contribution to be directed toward the following campus:

- Door County Green Bay Kenosha Milwaukee
- Ozaukee Racine Wildlife Rehab Center Wherever Needed Most

If you have any questions about monthly giving, please contact Christine Carini at 414.431.6119