

THE **HUMANE SOCIETY**
OF GREATER KANSAS CITY



Memorial/Honorarium

Donor

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Donation Amount: \$ _____ Date of donation: ____/____/____

Payment

Check Cash Charge

Credit Card: Visa Mastercard American Express

Card Number: _____ Expiration Date: ____/____

Cardholder's Name: _____

Credit Card Code: (3 digit code on reverse of MC or Visa; 4 digits code on front of AE) _____

Donation Info

Donation is for: a Pet a Person

Type of Donation: Memorial Honorarium

Name of Pet or Person: _____

Name of Giver (for Newsletter): _____

Person(s) to be notified of gift: _____

Street: _____

City: _____ State: _____ Zip: _____

Mail this form to:
The Humane Society of Greater Kansas City
5445 Parallel Parkway
Kansas City, KS 66104
or fax to (913) 596-2483