



THE HUMANE SOCIETY
OF GREATER KANSAS CITY

Memorial/Honorarium

Donor: _____

Address: _____

City _____ State _____ Zip _____

Telephone No: (_____) _____

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

Form of Payment: Check / Cash / Charge

Charge Info: Visa Mastercard Other: _____

Card Number: _____ Exp Date: ____ / ____

Name on Card: _____

Donation is for a: Pet Person

Type of Donation: Memorial Honorarium

Name of pet/person: _____

Name of giver as it will appear in the newsletter: _____

Person/Family to be notified of gift:

Name _____

Address _____ City _____ State _____ Zip _____

Mail to:
The Humane Society of Greater KC
5445 Parallel Parkway
Kansas City, KS 66104