



LITTLE TRAVERSE BAY HUMANE SOCIETY



DONATION FORM

I would like to make a gift for:

- Angel Fund
- Building Fund
- General Fund
- Good Samaritan Fund
- Low-Cost Spay/Neuter Fund
- Ruff-to-Ready Scholarship Fund

Donor(s) Name: _____

(Please provide name(s) that you want us to use in listings and recipient notification letter)

Home/Winter Mailing Address: _____

City _____ **State:** _____ **Zip:** _____

Mail Dates: Begin _____ **End** _____ **Phone #:** _____ **Email:** _____

Summer Address _____

City _____ **State:** _____ **Zip:** _____

Mail Dates: Begin _____ **End** _____ **Phone #:** _____ **Email:** _____

Additional Information: _____

Payment Type:

Cash Check Visa Master Card American Express Discover Card

Credit Card Number: _____ Exp. Date: _____ Amount \$ _____

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