

# GUARDIAN SOCIETY



MONROE COUNTY HUMANE ASSOCIATION

**guard-i-an** *n.* 1. One that guards, watches over, or protects.

## About you:

Is this gift from an individual?  Y  N From a couple or family?  Y  N  
From a business?  Y  N

Name \_\_\_\_\_

*(Please print the name(s) of the donor(s) as you would like it published.)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

## About your gift:

I would like to make my gift in full

I would like to make a pledge and fulfill my gift through multiple pledge payments

Bi-annual payments (2 payments)

Quarterly pledge payments (4 payments)

\*Through United Way's donor choice program, your donation can be designated to local non-profits such as the MCHA. Contact your workplace campaign leader or the MCHA for more info.

80% of your gift is designated to the MCHA General Fund to support all of our programs and initiatives.

## Please designate the remaining 20% of your gift:

MCHA General Fund

Olivia Animal Abuse Fund

Spay/Neuter Initiative

Shelter Fund

## Payment Information

Total gift amount: \$ \_\_\_\_\_

Check enclosed

Credit Card (*please circle*): Visa    Mastercard

Card #: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Does your employer provide matching gifts?  Y  N

Employer contact information: \_\_\_\_\_

I do not wish to be on the mailing list

Please do not publish my name as a donor

Please mail form and payment to: MCHA P.O. Box 1334 Bloomington, IN 47402

*All donations are tax deductible as provided by law.*