

MONROE COUNTY HUMANE ASSOCIATION

Donation Form

Type of Donation

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> General Donation
To be used where it is
needed most at the
discretion of MCHA | <input type="checkbox"/> Outreach
Transient Outreach,
ER Housing, Pet Food
Pantry, Vaccine Clinic | <input type="checkbox"/> Programming
Education, Therapy
Animals, Community
Engagement | <input type="checkbox"/> Medical
Spay & Neuter Assistance,
Medical Care, Olivia
Animal Protection Fund |
|---|--|--|---|

Memorial & Tribute Donation

- | | | |
|---|---------------------------------|------------------------------|
| <input type="checkbox"/> In honor of _____ | <input type="checkbox"/> Person | <input type="checkbox"/> Pet |
| <input type="checkbox"/> In memory of _____ | <input type="checkbox"/> Person | <input type="checkbox"/> Pet |
| <input type="checkbox"/> On the occasion of _____ | | |
| <input type="checkbox"/> In kind/item donation of _____ | | |
| | | Value \$ _____ |

☐ Please send acknowledgment to:

Name _____
Address _____
City, State, Zip _____

Donor Information

Individual Name _____
Business Name (if company or org) _____
Address _____
City, State, Zip _____
Phone _____ Email _____

- ☐ Please list this donation as anonymous ☐ Please send me a tax deductible receipt

Payment Information

Amount \$ _____
Check # _____ (Payable to Monroe County Humane Association or MCHA)
Credit Card Number _____
Expiration Date _____ Security Code _____ Billing Zip _____
Name on card (if different from donor) _____

- ☐ Please make this a monthly donation ☐ Please charge my card one time only

Signature _____

Please mail to PO Box 1334, Bloomington, IN 47402. Thank you for your support!