



Upper Peninsula Animal Welfare Shelter
 P.O. Box 968
 Marquette, MI 49855



Website Donation Form

Personal Information

Name: _____ Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Email: _____

Payment Information

Check (Make payable to UPAWS) Credit Card
 Credit Card Information:
 Visa MasterCard Discover American Express

Name on Card: _____

Signature: _____

Card #: _____ Exp: ___/___

Monthly Direct Donation

Monthly Direct Donation Information:
 I would like to give \$_____/Month & have it deducted from my:
 Checking Account Savings Account

Acct # _____

Routing # _____

Name of Bank: _____

I would like my donations to be deducted on: 1st or 15th of each month (or the next business day)

I would like my donation to:
 stop at the end of this year continue indefinitely

Become a Member

<u>General Membership</u>	<u>Business Membership</u>
<input type="checkbox"/> \$20.00 Adult (over 18)	<input type="checkbox"/> \$100-199 Supporter
<input type="checkbox"/> \$500.00 Individual Lifetime	<input type="checkbox"/> \$200-499 Sponsor
	<input type="checkbox"/> \$500-999 Patron
	<input type="checkbox"/> \$1000+ Benefactor

Business Name: _____

Other Ways to Contribute

\$_____ Emergency Veterinary Care for an Injured Stray
 \$_____ Kennel Sponsorship
 \$_____ Make a donation in the amount indicated
 \$_____ Shelter Pet Sponsorship Program

My Donation is in:
 "Honor of Person" or "Memory of Person"
 Name of Person: _____

"Honor of Pet" or "Memory of Pet"
 Name of Pet: _____

Special Notes

Please Notify: _____

_____ I/We want to join the "Dollars-a-Month" Program
 Please send a pledge packet
 _____ I am interested in becoming a volunteer. Please
 send me an application
 _____ Send information on leaving a bequest to UPAWS