



Marquette County Humane Society, Inc.

P.O. Box 842

Marquette, MI 49855

Website Donation Form



Personal Information

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

Payment Information

Check (Make payable to MCHS) Credit Card Monthly Direct Donation

Credit Card Information:

Visa MasterCard Discover American Express

Name on Card: _____

Signature: _____

Card #: _____ Exp: ___/___

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

General Membership

- \$10.00 Junior (under 18)
- \$15.00 College Student
- \$25.00 Adult (over 18)
- \$40-\$99 Family
- \$10 Senior
- \$15.00 Pet Booster Club

Business Membership &

- General Membership
- \$100-199 Supporter
- \$200-499 Sponsor
- \$500-999 Patron
- \$1000+ Benefactor

Pet's Name: _____

Kind of Pet: _____

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

Empty box for special notes.

_____ 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 MCHS