



Tribute & Memorial Gift Donation Form

Information About You	Title _____ First Name _____ Last Name _____
	E-mail _____
	Address _____
	City _____ State _____ Zip _____
	Phone _____ Alternate Phone _____
	Amount of gift \$ _____ <input type="checkbox"/> Check Enclosed (made payable to Midlands Humane Society)
	Please charge gift to my <input type="checkbox"/> Visa/MC <input type="checkbox"/> Discover
	Credit Card Number _____
Exp. Date _____ Signature _____	

Information About This Gift	This gift is in <input type="checkbox"/> Memorial <input type="checkbox"/> Tribute of a <input type="checkbox"/> Person <input type="checkbox"/> Pet
	Name of Honoree _____
	Please send a recognition letter to:
	Name _____
	Address _____
	City _____ State _____ Zip _____
If this is for a special occasion (birthday, anniversary, holiday) please indicate: _____	

Please return this form to:
Midlands Humane Society
Attn: Executive Director
1020 Rail Road Avenue, Suite A
Council Bluffs, IA 51503
712.396.2290

Helping tails find happy endings!