



**HUMANE SOCIETY FOR HAMILTON COUNTY  
DONATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Cash \_\_\_\_\_ (please do not mail cash donations)

Check \_\_\_\_\_

Credit Card: Visa    Mastercard    AMEX (circle one)

Card # \_\_\_\_\_

Expires \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Type of Gift: (check one)

General \_\_\_\_\_    Moore Life Medical/Survivor Fund \_\_\_\_\_    Spay/Neuter Fund \_\_\_\_\_

In Memory of: (name) \_\_\_\_\_

In Honor of: (name) \_\_\_\_\_

On the occasion of \_\_\_\_\_

Please send an acknowledgment of this gift to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mail your tax deductible donation to:**

Humane Society for Hamilton County  
1721 Pleasant Street, STE B  
Noblesville, IN 46060  
[www.hamiltonhumane.com](http://www.hamiltonhumane.com)