

# GENERAL DONATION FORM

## DONOR INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DONATION INFORMATION:

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

Check Enclosed

Please charge my:  Visa  MasterCard

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## RETURN COMPLETED FORM TO:

Humane Society of Harrisburg Area

Attn: Accounting

7790 Grayson Road

Harrisburg, PA 17111

Fax: 717-564-1867

*thank you for your support!*



Humane Society  
OF HARRISBURG AREA

**Building a Better Community for Pets & People**