

## Donation Form

**Type of Donation (Select One):**

Membership                       Regular Support



Peninsula Humane Society & SPCA

**Gift Designation (Select One):**

Most Needed Program     Hope Program                       Wildlife Rescue

Spay/Neuter                       Education                       Cruelty Investigation

**Your Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Check     Credit Card (circle one):    VISA    MasterCard    Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

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

**For Tribute Gifts:**

In Honor Of: \_\_\_\_\_  Person     Pet

In Memory Of: \_\_\_\_\_  Person     Pet

On the Occasion of: \_\_\_\_\_

*Send Acknowledgement to:*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*Sign card with the following name(s):*

\_\_\_\_\_

**If you have any questions, please call (650) 340-7022 ext. 348.**

**Mail completed form & payment to:**

PHS/SPCA  
1450 Rollins Road  
Burlingame, CA 94010