



Peninsula Humane Society & SPCA

Donation Form

Gift Designation (Select One):

- Most Needed Program
 Hope Program
 Cruelty Investigation
 Pet Food Bank
 Spay/Neuter
 Education
 Adoptions

Your Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Enclosed Check
 Credit Card: VISA MasterCard Discover

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Donation Amount: \$ _____

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):

I would like more information about donating monthly

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