



www.ozaukeehumane.org

Monthly Giving Plan

By signing this pre-authorized payment form and returning it to the Ozaukee Humane Society, your pre-set donation will be deducted monthly from your bank account or credit card. You will receive *one* cumulative receipt at the end of the year if you use either of these methods.

NAME (Please Print): _____

TELEPHONE #: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

Checking or Savings Account Authorization

I hereby authorize the Ozaukee Humane Society to deduct \$ _____ from my CHECKING / SAVINGS account (please circle one) each month. I understand that I may cancel this arrangement in writing at any time.

Signature

Date

Please enclose a **check marked "VOID"** so that we may make arrangements with your bank. If you wish to make monthly contributions from your savings account please include a photocopy of a statement.

Credit Card Authorization

I hereby authorize the Ozaukee Humane Society to charge \$ _____ to my CREDIT CARD each month. I understand that I may cancel this arrangement in writing at any time.

Signature

Date

___ VISA ___ MASTERCARD

----- Exp. ____ - ____