



THE HUMANE SOCIETY FOR SEATTLE/KING COUNTY

Honor/Memorial Request Form

Donor's Name _____ Home Phone (____) _____

Address _____ Work Phone (____) _____

City.State.Zip _____ E-mail Address _____

This contribution is a gift:

In Memory Of (name) _____

In Honor Of (name) _____

Birthday

Anniversary

Bar Mitzvah

Bat Mitzvah

Holiday

Other _____

For:

A Dog A Cat A Person Other _____

Notification:

Please send notification by mail regarding my contribution (no amount is mentioned) to:

Name _____

Address _____

City.State.Zip _____

Payment Information:

Donation Amount (no minimum required): \$ _____

Cash Check (please make payable to The Humane Society for Seattle/King County)

Visa Mastercard

Account No. _____

Exp. Date _____

Signature _____

My employer may match my gift. Employer Name _____

Please return this form to
The Humane Society for Seattle/King County
13212 SE Eastgate Way, Bellevue, WA 98005-4408

THANK YOU FOR YOUR DONATION!