

## PLEDGE FORM



**YES, I want to increase adoptions and offer the best care for animals and people so we can help prevent animal abandonment and cruelty by helping fund a new animal shelter.**

Donor Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**This will confirm my/our intention to make a gift of \_\_\_\_\_ to support the Humane Society of Huron Valley Capital Campaign - Unleash the Possibilities.**

Initial Payment enclosed (optional)\*: \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

I subscribe to pay the balance:  Monthly  Quarterly  Semi-Annually  Annually

over a period of \_\_\_\_ years beginning \_\_\_\_\_ (month) \_\_\_\_\_ (year)

or as follows \_\_\_\_\_

\_\_\_\_\_

Signature: (required for each donor): \_\_\_\_\_

\*Enclosed is my initial payment in the amount of: \$ \_\_\_\_\_

Check enclosed payable to the Humane Society of Huron Valley

Please charge my gift to:  Master Card  Visa

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_ - \_\_\_\_

Print Name on Card: \_\_\_\_\_

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

May we list your name(s) in our recognition pieces?  YES  NO

May we list your donation in our recognition pieces?  YES  NO

Please mail this pledge form to: Humane Society of Huron Valley - Attn: Deborah Kern  
3100 Cherry Hill Road, Ann Arbor, MI 48105 • or fax to 734.662.0749

**For more information, you may contact the Executive Director at 734-662-5585, extension 108.**

**All gifts and pledges will be acknowledged for your records.**

**All gifts to the Humane Society of Huron Valley are tax deductible as provided by law.**

**For your convenience, pledge payment reminders will be sent to you according to the payment schedule you have chosen.**