

Donor Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I/we are most passionate about:

- Animal Cruelty Investigation Community Cats Program
 Humane Education Medical Care Other _____

Recognition Information

Donors will be recognized in HSHV materials unless an anonymous gift is requested below. I /we would like my/our names to appear as follows: I/we wish to remain anonymous.

Gift Information

 Yes! I am excited about helping the Humane Society of Huron Valley by committing a leadership gift of _____ a year for 3 years to HSHV's Visionary Circle.Please remind me about this gift Quarterly AnnuallyMy first gift is enclosed By Check By Credit Card Visa Mastercard AMEX Discover

Card Number _____ - _____ - _____ - _____

Exp Date _____ Security Code _____

Signature _____

Naming opportunities available for gifts of \$10,000 and higher. If interested, please check ____.*Please return to address, fax, or email listed below.****M:** 3100 Cherry Hill Road | Ann Arbor, MI | 48105 **F:** (734) 662-0749 **E:** jaci@hshv.org