PAWSIBILITIES®
Humane Society of
Greater Akron

DONATION FORM

Date: _____/_____/_____

Mail Completed Form to:

Humane Society of Greater Akron
7996 Darrow Rd. #30
Twinsburg, OH 44087

Donor Information

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Make Gift in Memory/Honor Of Someone:

☐ Person Memorial ☐ Person Honorarium ☐ Pet Memorial ☐ Pet Honorarium

Tribute Name: _____

Send Acknowledgement To (Name & Address):_____

Total Amount Enclosed

☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ $1,000 ☐ Other $_____

If donating by check, make it payable to HSGA

Charge My Gift To:

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Credit Card Number: _____ Expiration Date: _____/_____/_____

Name on Card:_____ _____

Giving Schedule

☐ One-Time ☐ Monthly

Monthly Gift Start Date _____/_____/_____ Monthly Donation Amount: $_____

Signature: _____ Date: _____/_____/_____

I authorize the above named agency to charge the account indicated in this authorization form according to the terms and schedule outlined above. I certify that I am an authorized user of this account and that I will not dispute the transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this form.