



## Honor a Loved One Tribute and Memorial Gift Donation Form

### INFORMATION ABOUT YOU

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

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

Amount of gift: \$ \_\_\_\_\_  Check Enclosed

I would prefer to charge my gift to:  Visa  Master Card  Discover

Card No.

Expiration Date:  Security Code:

Name as it appears on card (if different than above)

Billing Address (if different than above)

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

### INFORMATION ABOUT THIS GIFT

This gift is a:  Memorial  Tribute of a  Person  Pet

Name of person being honored: \_\_\_\_\_

Please send a card acknowledging my gift to:

Name: \_\_\_\_\_

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

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

Message you would like included on the card:  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN FORM TO:  
The Chequamegon Humane Association  
CONFIDENTIAL - Attn.: Kari Olinger, Executive Director  
93 Rail Drive, Ashland, WI 54806  
(715) 682-9744