

Contact information

Name: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal code: _____

E-mail: _____

 I wish to receive my newsletter by e-mail mail.

Membership		Donation — monthly or single gift; Is a tax receipt requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note only donations over \$20 will be receipted.
<input type="checkbox"/> New membership <input type="checkbox"/> Membership renewal <input type="checkbox"/> Gift membership	<input type="checkbox"/> Individual \$25 <input type="checkbox"/> Family \$45 <input type="checkbox"/> Senior \$20 <input type="checkbox"/> Student \$20 <input type="checkbox"/> Lifetime \$300	I want to provide ongoing support to the shelter's animals with monthly donations* of: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ Please accept my single donation of: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____ <input type="checkbox"/> Guardian Angel for 6 months — \$250 <i>(includes kennel plaque)</i>

 Membership card given Family Secondary Member _____ Tel/E-mail: _____

Make your giving even more special: Donate or buy a membership in someone's name!
 This is a gift in memoriam. This is a gift in honour of (occasion): _____

Pet _____ Person _____ Please send notice of donation to: _____

Name and address: _____

Payment method
 Attached is a cheque payable to the Kingston Humane Society (see below for monthly donations from chequing account).

Credit card authorization * Monthly *(I may cancel at any time)* One-time

 Please bill my credit card: VISA MasterCard American Express

Card number: _____ Expiry date: ____/____

Name (as it appears on card): _____

 Signature of cardholder: _____ or by phone
By signing above, cardholder agrees to pay all charges as detailed in cardholder agreement.
***Chequing account authorization for monthly donation**
 I hereby authorize the Kingston Humane Society to deduct \$ _____ from my personal chequing account on the first of each month. *(Please enclose a cheque marked "Void" so that we may make arrangements with your financial institution.)*
Special donation instructions: Please list my donation as anonymous.

 Please use my donation for: _____ If not specified, your donation will be used to meet the greatest current needs.

Privacy statement: All information on this form is protected by current privacy legislation. By completing this form you agree to permit the Kingston Humane Society to contact you about special programs and events. Information on this form will not be published or shared without your express consent.

 Please check if you do not wish to receive any further information from the Kingston Humane Society.

For internal use only — must be filled out by staff. Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit <input type="checkbox"/> Cheque (photocopy cheque and attach to this form)	Date received: _____ Staff initials: _____
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