

We wish to Help Pets Go Home through a gift to the Humane Society of Southern Wisconsin for the new facility!

DONOR INFORMATION

Donor Name(s): _

This contribution is \square in honor of or \square	in memory of	
□ I prefer to remain anonymous		
Address:		
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I wish to have this contribution s	upport:	
Please indicate the recognition opportunit	y chosen or any other inf	ormation in connection to your gift.

PAYMENT INFORMATION

All gifts are tax deductible to the fullest extent of the law. For a copy of our gift acceptance policy and/or confidentiality policy, please contact Jim McMullen, Executive Director.

