



# PULASKI COUNTY HUMANE SOCIETY

P.O. BOX 1046 • DUBLIN, VIRGINIA 24084 • (540) 674-0089



## DONATION FORM

- I would like to become a new PCHS member or renew my current membership. Included is my \$\_\_\_\_\_ donation for membership at my chosen level.

*PCHS Membership Levels*

<i>Student</i>	<i>\$10</i>	<i>Business</i>	<i>\$100</i>
<i>Sponsor</i>	<i>\$25</i>	<i>Hero</i>	<i>\$500</i>
<i>Family</i>	<i>\$75</i>	<i>Humanitarian</i>	<i>\$1000</i>

- I would like to donate \$\_\_\_\_\_ to Sponsor \_\_\_\_\_ (*animal's name*).
- I would like to donate \$\_\_\_\_\_ to the PCHS Spay Clinic.
- I would like to donate \$\_\_\_\_\_ to Big Bart's Hopeful Heart Fund.
- I would like to donate \$\_\_\_\_\_ to the PCHS Emergency Fund.
- I would like to donate \$\_\_\_\_\_ to the Rocky's Vaccine Clinic.
- I would like to donate \$\_\_\_\_\_ toward PCHS' Rescue efforts.
- I would just like to make a general donation\* of \$\_\_\_\_\_ at this time.

*\*If you are making a general donation, you have the option to make your donation:*

- In Honor** or  **In Memory** of \_\_\_\_\_

*Please include the following information so we can send a card:*

*Name of Owner or Family:* \_\_\_\_\_

*Street Address:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Please make checks payable to **PCHS**.

**Mail to:**  
 PCHS  
 P.O. Box 1046  
 Dublin, VA 24084

*Donations are tax deductible. Thank you for your support!*