



THHS Gift Form

Thank you for your generous donation to the THHS. Please complete the following form and mail to: THHS P.O. Box 3307 Terre Haute, IN 47803

About You

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: (h) _____ (w) _____

E-mail: _____

About Your Gift

Gift Designation:

THHS General Fund

Shelter Fund

Medical Fund

Spay/Neuter Initiative Fund

Is this gift in memory or honor of a pet or person? Yes No

In honor of: _____

In memory of: _____

If yes, please indicate name and address of family or honoree to be notified of your gift:

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

For honor gifts, please specify what occasion the gift is for and deadline date for notification.

Date notification needed: _____ Occasion: _____

(Please remit donation and form at least two-weeks in advance to guarantee card delivery by a certain date.)

Payment Information

Total gift amount: \$ _____

Check Credit Card (*please circle*): Visa Mastercard

Card #: _____ Exp. ____/____

Signature: _____

Does your employer provide matching gifts?

I do not wish to be on the mailing list

Please do not publish my name as a donor

All donations are tax deductible as provided by law.