

Membership / Donation Form

The work we do together depends on your support....

TO MAKE A DONATION:

TO BECOME A MEMBER:

I will help with my donation of \$ _____

Membership (minimum donation \$20)

In memory of _____

New Member (voting membership)

In honor of _____

Renewal (voting membership)

(please write "Donation" on your check)

(please write "Membership" on your check)



Send acknowledgement to (complete name and address):

to:

County

Your name: _____

Your address: _____

City _____ State _____ Zip _____

Phone () _____

Email address: _____

Mail your completed form

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