

WHS Capital Campaign Payment Form

Please FAX, MAIL, or SCAN/E-MAIL this form to the Warrick Humane Soci (Please initial your selection) I plan to mail a check at the scheduled time indicated on my pledge form		
	. Please send me remittance	
I plan to mail a check at the scheduled time indicated on my pledge form	. Please send me remittance	
	I plan to mail a check at the scheduled time indicated on my pledge form. Please send me remittance	
envelopes.		
Please draft my checking/savings account for the amount and time durat Account type: Savings Checking (Please check one)	ion indicated on my pledge form.	
Routing # Account #		
Routing # Account #		
Please charge my credit card for the amount indicated on my pledge form on my pledge form. Credit Card: Visa Mastercard Discover American Express (please circle) CC#Exp date:/_	le one)	
Printed Name on Card:		
Please increase my impact! Yes add 1% plus \$0.30 to help offset transaction	on fees.	
Signature:	Date: /	

Please Make Checks Payable to:

Warrick Humane Society

5722 Vann Rd.

Newburgh, IN 47630

Phone # 812-858-1132 Fax # 812-490-7029 Email: <u>warrickhs@gmail.com</u>

Warrick Humane Society 501-C 3 Tax ID #35-1574531