Humane Society of Missouri Tributes/Memorials Form

INSTRUCTIONS: Print this page, complete all sections, and mail or fax the completed form with payment to the address or fax number below.

	My Tribute is:	: ☐ In Memory of	f U In Honor of
Gifts in the amount of \$50 or more will be listed in Tails, our quarterly magazine	e:		
	The above is:	□ an Individual	□ an Animal
A card announcing	The amount	ft can be sent to the pe of the gift will not be r lease send card to:	rson(s) you wish for us to notify. nentioned.
Name	e:		
Addres	s:		
Cit	y:		
State/Zi	p:		
Signed from	1 :		
Your Name			
Addres	s:		
Cit	y:		
State/Zi	p :		
(Area) Phon	e:		
Email Addres	s:		
Total Donation Amoun	it:		
	N	Iethod of Payment	
	☐ My check for	r the above amount is	enclosed
	☐ Please use m	y credit card informati	on entered below
Please cha	arge my: \square Ma	ster Card VISA	□ AMEX □ Discover
Card Numbe	r ;		
Name on Care	d:		
Expiration Mont	h:	Expir	ration Year:

Mail and make check payable to:

Humane Society of Missouri Attn: Tribute Fund 1201 Macklind Avenue St. Louis, MO 63110 Fax: (314) 647-4317

