

The Cat Corner ~ Donation Form

Donor Information:

Name: _____

Address: _____

City/State/Zip Code: _____

Phone (h): _____ Phone (w): _____

Email Address: _____

Total Amount Enclosed:

\$25 \$50 \$100 \$250 \$1,000 Other \$ _____

Make checks payable to The Cat Corner. Contributions are fully tax deductible as permitted by law.

Charge my gift to my:

Visa Mastercard American Express Discover

Account #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

I would like to give automatic monthly donations. Please deduct, on the 15th of each month, the following from my:

credit card checking account savings account
(see above) *(please attach a voided check)* *(please attach a deposit slip)*

Start Date: _____ Amount Per Month: \$ _____ *(\$10 minimum)*

I authorize The Cat Corner to process debit entries to my account or credit card. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature: _____ Date: _____

My gift is in honor/memory of a person or a pet:

Pet Memorial Person Memorial
 Pet Tribute Person Tribute

Honoree's Name: _____

Special Occasion: _____
(Birthday, Anniversary etc...)

Please send a recognition card to:

Name: _____

Address: _____

City/State/Zip: _____

Please mail completed form & enclosures to:

The Cat Corner
85 Fulton Street
Hampton, VA 23663
(757) 722-0590