



# DONATION FORM

Calaveras Humane Society  
Information: (209) 736-9417

(please print)

Your Name or Business Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Phone Number (include area code): \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do you wish to be on our postal mailing list? Yes: \_\_\_\_\_ No: \_\_\_\_\_ I already am: \_\_\_\_\_

What prompted you to make your donation to CHS today?:

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For Memorials or "In Honor Of" donations, please write a brief tribute statement, then tell us where to send or display the tribute:

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Mail completed form along with check payable to CALAVERAS HUMANE SOCIETY to:

**Calaveras Humane Society**  
**ATTN: Donations**  
**P.O. Box 1390**  
**San Andreas, CA 95249**