



DONATION FORM

Donor Information

Title(s) _____ Full Name(s) _____
Address _____
City _____ ST _____ ZIP _____
Phone Home _____ Mobile _____ Other _____
Email Address(es) _____

Gift and Payment Information

Gift Amount \$ _____ One-Time Gift I wish to give this amount (\$5 min.) monthly*

*By selecting this option, I authorize the East Bay SPCA to charge my credit card below on the 1st of every month for the amount indicated. I understand that I can change my monthly donation amount or discontinue my monthly gifts at any time by contacting the East Bay SPCA.

Check made payable to "East Bay SPCA"

Credit Card (\$5 min.) VISA MasterCard American Express Discover

Credit Card Number _____ Exp. _____

Name as it appears on card _____

Authorized Signature _____

Please designate my gift to:

Where the Need is Greatest to support the East Bay SPCA's most urgent needs

Veterinary Clinic Spay/Neuter Adoption and Shelter Services Senior Pets

Behavior & Training Programs Humane Education Programs Pet Food Pantry

Tribute Gift Information (Optional)

This gift is in honor or memory of a special person pet occasion

Name of Honoree(s) or Occasion _____

Please notify the following person(s) of my gift:

Name(s) _____

Address _____ City _____ ST _____ ZIP _____

Personal message _____

Matching Gift Information

My Employer will match my gift. Yes No I don't know

Employer Name _____

Donor Recognition Information

Please use the following name(s) for public donor recognition _____

I/We wish to remain anonymous for public donor recognition purposes.

Please mail this completed form to: East Bay SPCA, 8323 Baldwin Street, Oakland, CA 94621