Thank you for your support

DODGE COUNTY HUMANE SOCIETY

Membership Form

YOUR INFORMATION:

Name: ________________________________________________________________

Company: ____________________________________________________________________________

Address: ______________________________________________________________________________

City: __________________________________________________________________________________
State: _______  Zip: __________

Email: __________________________________________________________________________________
Phone: ________________________________________________________________________________

MEMBERSHIP CATEGORIES:

❑ Member $25-$49 Provides a dry diet for all shelter dogs for one week
❑ Friend $50-$99 Sponsors the adoption for one of our hard to adopt cats
❑ Sponsor $100-$249 Pays for vaccinations for 6 of our animals
❑ Companion $250-$499 Provides medical care for our senior animals
❑ Guardian $500-$999 Pays for 10-20 spay/neuter procedures
❑ Patron $1,000+ Provides veterinary care for special needs animals

❑ I would like to make an additional gift of $____________________
❑ I am interested in including DCHS in my will or other planned giving
❑ I would like to become a DCHS volunteer

For Tribute Gifts:

In Honor of: ____________________________________________________________________________  ❑ Person  ❑ Pet
In Memory of: ____________________________________________________________________________  ❑ Person  ❑ Pet

On the Occasion of: ______________________________________________________________________

Send Honor/Memorial Card to: ________________________________________________________________

Address: ______________________________________________________________________________

City: __________________________________________________________________________________
State: _______  Zip: __________

PAYMENT INFORMATION:

Amount Donated: $____________________

❑ Check ❑ Credit Card - VISA, MasterCard, Discover (Please circle one)

Name on card: __________________________________________________________________________

Card Number: ________________________________ Expiration Date: _____/_____

Signature: __________________________________ Date: ________________________

If you have any questions, please call (920) 386-0000

Mail completed form and payment to:
Dodge County Humane Society
N6839 State Road 26
Juneau, WI  53039

Thank you for your support