



Lillian Allbon Animal Shelter
P.O. Box 1077
Amherst, N.S.
B4H 4E2
(902) 661-7297



MONTHLY DONATION FORM

I, _____, would like to give a monthly donation of \$10, \$15, \$25 or other \$ _____.

I authorize the L.A. Animal Shelter to deduct, from my account, the amount specified above. Deductions will be made on the 15th of each month.

I have enclosed a blank cheque marked VOID. Signed: _____

Address: _____

Phone: _____

E-mail: _____

Date: _____



Please send this completed form and your voided cheque to the address below:

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