



**Lillian Allbon Animal Shelter**

798 Smith Road

Amherst, N.S.

B4H 3Y4

(902) 661-7297



## MONTHLY DONATION FORM

I, \_\_\_\_\_, would like to give a monthly donation of

**\$10**

**\$25**

**\$50**

**other \$ \_\_\_\_\_**

I authorize the L.A. Animal Shelter to deduct, from my account, the amount specified above. Deductions will be made on the 15<sup>th</sup> 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 above.

Thank you for your support!