



Circle of Compassion Authorization Form

Please return this form to 875 Oklahoma Avenue, San Luis Obispo, CA 93405

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number(s): _____

E-mail Address: _____

May we send you our e-newsletter? Yes No

I would like to make a recurring donation: Monthly Quarterly (March, June, September and December)

Amount per payment: \$_____

Please note: You will not receive an acknowledgement of each gift (unless otherwise requested), just one letter at the end of the year detailing all of your gifts.

PAY BY CHECK

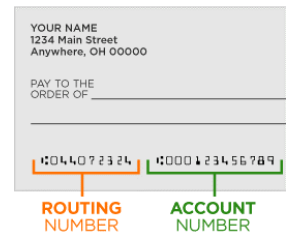
Please send me a reminder each month/quarter I will send a check but don't want a reminder

PAY BY AUTOMATED CHECK (ACH) - MONTHLY OR QUARTERLY WITHDRAWALS FROM YOUR BANK ACCOUNT

Attach a voided check or supply the information below. Be sure to sign at the bottom of the page.

Account holder's name: _____

Routing # _____ Account # _____
(9 digit number)



PAY BY CREDIT CARD - MONTHLY OR QUARTERLY CHARGES TO YOUR CREDIT CARD

Please charge my: VISA MasterCard American Express

Credit Card Number: _____ Expiration: _____/_____/_____

I hereby authorize my financial institution to make periodic payments on my behalf from the checking or credit card account listed above and transfer them to Woods Humane Society.

I understand that I am in full control of my payments and I will notify you if at any time I decide to make any changes, discontinue this gift, or change or close my credit card or bank account.

Signature _____ Date: _____

You can stop your donation at any time by mailing Woods Humane Society at 875 Oklahoma Avenue, San Luis Obispo, CA 93405 or by emailing bstill@woodshumane.org. Questions? Please call 543-9316 x 17