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Protecting Animals Since 1887

Monetary Donation Form

Donor Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Amount: _____ Form of Payment: Cash Check Credit/Debit Card

Please check as many as apply:

I do not want an acknowledgment/tax letter for this donation. *(One will be sent unless box is checked.)*

I would like this donation to be treated as anonymous (not listed publicly).

I do not wish to be added to the MHHS mailing list.

Please complete this section for tribute (memorial, honorary) gifts:

This donation is: In Memory Of In Honor Of

Honoree Name: _____

If you wish to have the honoree or his/her family receive a notification of your gift, please provide their contact information:

Name: _____

Address: _____

City/State/Zip: _____