



MONTHLY DONATION FORM

798 Smith Road
Upper Nappan, NS
B4H 3Y4
(902) 661-7297
laanimalshelter.org

I, _____, would like to give a monthly donation of

\$10 \$25 \$50 Other \$ _____

I authorize the Lillian Allbon Cumberland County 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: _____

City: _____ Province: _____

Postal Code: _____

Phone: _____

E-mail: _____

Date: _____

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

THANK YOU!