Second Chance Animal Shelter, Inc.

P.O. Box 136, 111 Young Road, East Brookfield, MA 01515
Telephone (508) 867-5525 **Fax: (508) 867-5019**
www.secondchanceanimals.org **email: info@secondchanceanimals.org**

MONTHLY PET PAL DONATION

Second Chance Animal Shelter cares for homeless surrendered and abandoned pets until new loving homes can be found. In addition, Second Chance operates a low cost spay/neuter program and an education outreach program to provide much needed services to the public. The Pet Pal program was established to provide needs funds to allow us to continue to provide these vital services. Your monthly support helps us to care for these homeless pets and provide these needed services. If you would like to be a Pet Pal, please fill out the following information:

Select a monthly gift: O $10.00 Pet Saver O $25.00 Top Cat O $50.00 Top Dog
O $100.00 Pet Champion O Other _____

Name: _____
First *Middle* *Last*

Street: _____

City/State/Zip: _____

Email: _____

Automatic Payment Agreement for Monthly Donation

PAYMENT BY AUTOMATIC CHECKING ACCOUNT DEBIT: I hereby authorize Second Chance Animal Shelter (hereafter called SCAS) and/or Transaction Central (hereafter called TC) to initiate debit entries on a monthly basis to the checking account indicated below at the depository financial institution below, hereafter called BANK, and to debit the same to such account. I understand that ACH debits from the account must comply with U.S. law.

NAME AS APPEARS ON CHECKS: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

PAYMENT BY CREDIT CARD: I hereby authorize SCAS to charge my credit card indicated below for the donation noted above each month. This authorization remains in effect until SCAS receives, in writing, notification to stop said payments.

O Mastercard O Visa Account Number _____
Expiration Date: _____ V-Code from Back on Signature Panel: _____

Cardholders Billing Address: O Same as above
Street: _____ Zip: _____

Donor's Signature: _____ Date: _____

Printed Name: _____