

# Second Chance Animal Services, Inc.

111 Young Rd, East Brookfield, MA 01515

Telephone: 508-867-5525

www.secondchanceanimals.org email: [Info@secondchanceanimals.org](mailto:Info@secondchanceanimals.org)

## MONTHLY PET PAL DONATION

Second Chance Animal Services 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 needed 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:  \$10 Pet Save  \$25 Top Cat  \$50 Top Dog  \$100 Pet Champion  
 Other \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Street: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Automatic Payment Agreement for Monthly Donation

**PAYMENT BY AUTOMATIC CHECKING ACCOUNT DEBIT:** I hereby authorize Second Chance Animal Services, Inc. (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 for the account must comply with U.S. law.

Name as Appears on Check: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Acct. Number: \_\_\_\_\_

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

MasterCard  Visa Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ V-Code (3 Digit on Back of Card): \_\_\_\_\_

Cardholders Billing Address: Same as above

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Return signed donation form to SCAS or sign-up online at [www.secondchanceanimals.org/donate-now.html](http://www.secondchanceanimals.org/donate-now.html)

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_