



Faithful Friends

Monthly Reoccurring Donation Application

_____ I think every life is worth saving. I will pledge \$_____ per month to help.

_____ I want to sponsor a kennel at the Jefferson County Animal Shelter for \$50 per month.

Name on Kennel Plaque: _____

_____ Please sign me up for automatic withdrawal from my bank account or credit card. *(please fill out form below and sign it)*

We appreciate your help. We couldn't do it without generous supporters like you.

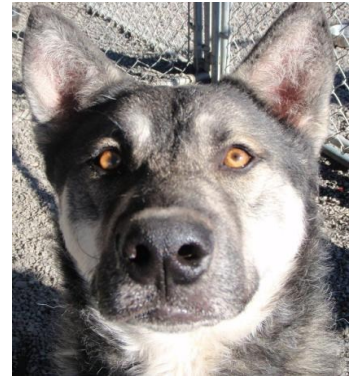
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone #: _____



Your monthly donations help us help dogs like Malikai.

I (we) hereby authorize Central Oregon Animal Friends hereinafter called Central Oregon Animal Friends to initiate debit entries to my (our) ___checking ___ savings ___ Credit Card account (*select one*) indicated below at the depository financial institution named below, hereinafter called Depository, and to debit to the same such account.

Bank Account withdrawal

Depository Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Routing Number : _____ Account Number: _____

Credit Card Automatic payment _____ Visa _____ MC _____ Discover

Credit Card Number _____ Expiration Date: _____

3 digit code on back: _____

This authorization is to remain in force and effect until Central Oregon Animal Friends has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Central Oregon Animal Friends and Depository a reasonable opportunity to act on it.

Name(s): _____

Name(s): _____

Signature Date

Signature Date

Please return to: (If using direct account withdrawal please include a copy of a voided check.) Central Oregon Animal Friends P.O. Box 66, Madras, Or 97741 or fax to 855-239-4360.