



Planned Account Withdrawal (PAW) Program

Donor Information:

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Phone: _____

Email Address: _____

I would like to give automatic monthly donations through the Planned Account Withdrawal (PAW) Program. Please deduct, on the 15th of each month, the following from my:

- Credit Card Checking Account Savings Account
(please attach a voided check) (please attach a voided deposit slip)

Start Date: _____ Amount per Month: \$ _____ (\$10 minimum)

Charge my gift to my:

Visa Mastercard American Express Discover

Account #: _____ Exp. Date: _____

Name on Card: _____

I authorize Valley Humane Society to charge my credit/debit card or withdraw funds from my bank account on a monthly basis. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature: _____ Date: _____

Please mail completed form and enclosures to:

Attn: PAW Program
Valley Humane Society
3670 Nevada Street
Pleasanton, CA 94566
Or FAX to 925-426-1492

For more information, please call 925-426-8656