



DONATION FORM

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Donation Amount: \$ _____

Method of Payment (Circle One): CREDIT CARD/CASH/CHECK

Credit Card Number: _____

Exp. Date: _____ CSC: _____

Please make checks out to Hilton Head Humane Association.

Hilton Head Humane Association

P.O. Box 21790

Hilton Head Island, SC 29925

Phone Number: (843) 681-8686

E-mail: membership@hhhumane.org

Web Site: www.hhhumane.org