



LITTLE TRAVERSE BAY HUMANE SOCIETY



LEGACY OF LOVE

I would like to make a gift:

In Honor of: _____

Or

In Memory of: _____

Person Cat Dog

Donor Name: _____

(Please provide name(s) that you want us to use in listings and recipient notification letter)

Home/Winter Mailing Address: _____

City _____ State: _____ Zip: _____

Mail Dates: Begin _____ End _____ Phone #: _____ Email: _____

Summer Address _____

City _____ State: _____ Zip: _____

Mail Dates: Begin _____ End _____ Phone #: _____ Email: _____

Name & address for notification regarding gift: (gift amount will not be included in notification):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Payment Type:

Cash Check Visa Master Card American Express Discover Card

Credit Card Number: _____ Exp. Date: _____ Amount \$ _____

LITTLE TRAVERSE BAY HUMANE SOCIETY

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