NO MORE HOMELESS PETS KC

5428 Antioch Rd.
Merriam, KS 66202

Membership Enrollment

Please indicate the level of membership support below in order to receive the appropriate acknowledgement and consideration for your gift. Your support will help us accomplish great things in 2008!

Your membership will be effective through 12/31/09

☐ $10 Well Wisher ☐ $25 Neuter Booster ☐ $50 Spay Supporter
☐ $100 Fix It Friend ☐ $250 Animal Ally ☐ $500 Director's Cut
☐ $1000 President's Partner ☐ $2500 Chairman's Circle ☐ Other: $_____
☐ I would like to support NMHPKC through a Monthly Donation: Monthly Amount: $_____

Name _____
Street _____
City, ST, ZIP _____
Home Phone _____ Work Phone _____ Cell Phone _____
email _____

No More Homeless Pets Kansas City is a non-profit 501(c)(3) organization and your contribution is tax deductible as allowed by law.

Please charge my Membership or Gift on My Credit Card

Please charge to: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Account Number:																Expiration Date:				
																		-		

Print Name on Card: Signature: Date:

Monthly Donation Information:

A Monthly donation can be made from a bank account, by filling out the banking information below, or from a credit card, by completing the credit card section above. (*Note – Monthly drafts will be done on the 15th of each month*).

I (we) hereby authorize No More Homeless Pets KC, hereinafter called COMPANY, to initiate debit entries for the purpose of a monthly donation to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name	Branch	Address	Checking/Savings	Routing Number	Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **(Be sure to attach a voided check with this authorization).**

Print Name : Signature: Date:

- *All written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.*
- *Single entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible debit entries is no longer stated in the authorization.*
- *The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH network Participants.*

Thank you for your support! Together, we can make a difference.

Please return this form, along with your contribution, in the enclosed envelope.