



HUMANE SOCIETY OF WESTERN MONTANA

Monthly Donor Club Authorization Form

On the first of each month, HSWM will process your gift using your credit card information below. You will receive one receipt for your donations at the end of the year.

Please charge my credit card the following amount each month:

\$5 \$10 \$20 \$25 \$50 other amount \$_____

Donor Information

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

I authorize the Humane Society of Western Montana to automatically charge my credit card on the 1st of each month. I may change or cancel this authorization at any time by calling 406.549.3934 or by email at development@myhswm.org

Signature

Date

Cardholder's Name: _____

Card number: _____

Expiration date: _____

*Please mail to:
Development Department
HSWM
5930 Highway 93 South
Missoula, MT 59804*

Thank you for your support!