



MEMORIAL GIFT GIVING

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **PHONE** _____

EMAIL _____

CHECK _____ **CASH** _____ **VISA,MC,AMEX** _____

EXPIRY DATE _____ **AMOUNT** _____

IN MEMORY OF _____

PERSONAL MESSAGE IN CARD (OPTIONAL) _____

PLEASE MAIL CARD TO:

Please mail to Kootenai Humane Society, PO Box 1005, Hayden, ID 83835