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# DONATION FORM

## DONATION INFORMATION

Monthly  One time      Are you a current monthly donor?  Yes  No

Donation Amount: \$ \_\_\_\_\_

## DONOR INFORMATION

Title:  Mr.  Mrs.  Miss  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Will today's donation be made on behalf of a business?  Yes  No

Company Name: \_\_\_\_\_

Primary contact:

Title:  Mr.  Mrs.  Miss  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## DONOR ADDRESS

Suite or Office/Floor/Apt. No: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## PAYMENT INFORMATION

PayPal  Cash/Cheque\* OR  e-transfer

(\*Please make cheques payable to Lac La Biche Regional Humane Society. A charitable tax receipt will be issued to the name on the cheque)

## IN HONOUR OR MEMORY INFORMATION

Is this a tribute gift?  \*In Honour of (Name): \_\_\_\_\_ OR  \*\* In Memory of (Name): \_\_\_\_\_

*If you'd like us to send a card to your \*tribute recipient or the family/member of your \*\* "in memory" honoree to notify them of your thoughtful gift, please provide contact information. If you'd prefer to notify them personally, please leave blank:*

Title:  Mr.  Mrs.  Miss  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ a\_ Email: \_\_\_\_\_

**Personal Message (Optional):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anything else you'd like us to know (Optional):** \_\_\_\_\_

\_\_\_\_\_

The Lac La Biche Regional Humane Society will issue tax receipts for gifts of \$20 or more, or upon request. Monthly donations are receipted annually.

*Thank you for supporting the Lac La Biche Regional Humane Society*