

MEMBERSHIP APPLICATION

Your membership will help provide assistance to animals for basic needs including, but not limited to, food, medical care, spay/neuter and behavioral issues. Thank you for your support!

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Annual Membership Levels

Select a membership level:

- | | | |
|--|------|--|
| <input type="checkbox"/> Single | \$25 | Helping Hands
for Pets is a
501(c)3
organization. |
| <input type="checkbox"/> Family | \$35 | |
| <input type="checkbox"/> Junior (18 & under) | \$10 | |
| <input type="checkbox"/> Senior (65 & above) | \$10 | |
| <input type="checkbox"/> Corporate | \$50 | |

Total Memberships: \$ _____

Other Donations: _____

Please mail membership payments to:
Helping Hands for Pets
P.O. Box 1451
Hudson, WI 54016

Thank you for supporting Helping Hands for Pets! For more information about this organization and services provided, log on to helpinghands4pets.org!

