



Upper Peninsula Animal Welfare Shelter

P.O. Box 968

Marquette, MI 49855

Website Donation Form



Personal Information

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____

I would like to receive my thank you via my e-mail

Payment Information

Check (Make payable to UPAWS) Credit Card

Monthly Direct Donation

Credit Card Information:

Visa MasterCard Discover American Express

Name on Card: _____

Signature: _____

Card #: _____ Exp: ___/___

Monthly Direct Donation Information:

I would like to give \$_____/Month & have it deducted from my:

Checking Account Savings Account

Acct # _____

Routing # _____

Name of Bank: _____

I would like my donations to be deducted on: 1st or 15th of each month (or the next business day)

I would like my donation to:

stop at the end of this year continue indefinitely

Become a Member

General Membership

\$20.00 Adult (over 18)

\$500.00 Individual Lifetime

Business Membership

\$100-199 Supporter

\$200-499 Sponsor

\$500-999 Patron

\$1000+ Benefactor

Business Name: _____

Other Ways to Contribute

\$_____ Emergency Veterinary Care for an Injured Stray

\$_____ Make a donation in the amount indicated

\$_____ Shelter Pet Care Sponsorship Program

\$_____ Shelter Pet Adoption Sponsorship Program

\$_____ Support the new shelter land purchase

My Donation is in:

"Honor of Person" or "Memory of Person"

Name of Person: _____

"Honor of Pet" or "Memory of Pet"

Name of Pet: _____

Please Notify: _____

Special Notes

Empty box for special notes.

I/We want to join the "Dollars-a-Month" Program
Please send a pledge packet

I am interested in becoming a volunteer. Please
send me an application

Send information on leaving a bequest to UPAWS