



Upper Peninsula Animal Welfare Shelter
815 South State Highway M553
Gwinn, MI 49841



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.

I would like to become a member (any donation of \$20 qualifies for a single person membership; \$40 for two people).

Payment Information

Check (Make payable to UPAWS) Credit Card

Credit Card Information

Visa MasterCard Discover American Express:

Name on Card: _____

Signature: _____

Card #: _____

Exp: ___/___ CVC #: _____

I/We want to join the Givers Every Month (GEM) Program

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).

Monthly Credit Card donation:

I would like to give \$___/mo. & have it charged to my credit card on the: ___1st or ___15th of the month.

I would like to send in a monthly donation of \$___/mo.

I would like my donation to:

stop at the end of this year continue indefinitely.

Other Ways to Contribute

\$_____ Medical Care and Supplies for an animal

\$_____ Shelter Pet Care Sponsorship

\$_____ Shelter Pet Adoption Sponsorship

My Donation is in:

"In Honor of" "In Memory of"

Person Pet

Name: _____

Please Notify: _____

Special Notes