



Pet Ad Sponsorship Automatic Funds Transfer Form

Thank you for choosing to help promote adoptable animals by sponsoring them in our weekly advertisement in the Statesman Journal. In the interest of time and convenience, we offer this safe, secure, and confidential payment option. Automatic funds transfer (AFT) enables you to make monthly payments automatically from your credit card, checking account, or savings account. *Your payments can be changed or cancelled at any time you choose.*

How it works

1. Determine the number of animals and the number of weeks per month you would like to sponsor them.
2. Determine the **monthly** cost of those sponsorships (Total = one pet ad for _____ (# weeks per month) x \$50)
3. Choose your preferred giving method and sign on the appropriate line.

Checking Account Option - Please provide us with a voided check from the account you wish to use.

Savings Account Option - Please provide us with a savings account deposit slip.

Credit Card Option - Please provide us with the requested credit card information below.

Return the agreement to the WHS and enjoy knowing that you are making a difference in the lives of the thousands of animals we care for each year.

Authorization Agreement for Monthly Gifts to the Willamette Humane Society

Yes, I want to make a charitable gift of \$ _____ **each month** in support of the WHS pet advertisements in the Statesman Journal. I understand my account will be debited or billed once each month.

Please Print

Last Name _____ First Name _____
 Address _____ City, Zip _____
 Phone _____ Email _____
 (A receipt will automatically be emailed to you each month)

PAYMENT PREFERENCE (select one)

Checking Account Option

I authorize Willamette Humane Society to initiate monthly debit entries to my checking account. I have enclosed a voided check from that account.

Authorized Signature _____ Date _____

Savings Account Option

I authorize the Willamette Humane Society to initiate monthly debit entries to my savings account. I have enclosed a savings account deposit slip from that account.

Authorized Signature _____ Date _____

Credit Card Option

Mastercard Visa

I authorize the Willamette Humane Society to bill my credit card account each month.

Credit Card # _____ Exp. Date _____

Authorized Signature _____ Date _____

**Please send completed form to:
Willamette Humane Society, Attn: Communications Dept., PO Box 13005, Salem OR 97309**