

Tax-Deductible Donation

Name _____

Address _____

E-mail address _____ Telephone # _____

Please check all of the following that apply:

I would like to make a tax-deductible donation:

____ \$10 ____ \$25 ____ \$50 ____ \$75 ____ \$100 ____ Other: _____

This donation is for a memorial in honor of:

Return this form to: Stevens Community Humane Society
P.O. Box 407
Morris MN 56267

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