



## *A message from Robin Kuchma – Executive Director of the Brant County SPCA*

Thank you for wanting to help those who cannot help themselves.

Our “Monthly Giving Plan” is a convenient way to make a gift to the shelter all year round. It will give you peace of mind knowing you are helping those in need and yet never have to worry about forgetting to send in your donation. You simply fill out the form below indicating the amount you wish to contribute monthly and we will look after the rest, it’s that simple.

If you wish to be part of the “Monthly Giving Plan” but want to combine it with the Cage Sponsorship Program you can do that by simply making your monthly contribution of \$25 per month and indicating your intentions on the form below.

Either way, your generosity will help an animal in need from your community – perhaps right in your own backyard.

Thank you for your continued support,

*Robin Kuchma*

Executive Director  
Brant County SPCA

Registered Charity # 89836 9319 RR0001

### MONTHLY GIVING PLAN

#### Donor Application

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE (home) \_\_\_\_\_ TELEPHONE (work) \_\_\_\_\_

I am giving \$25 per month so I would like my name to be applied to the Cage Sponsorship Program.

I want to help our animal friends throughout the year  
by making monthly gifts to the Brant County SPCA

CHEQUING ACCOUNT AUTHORIZATION

CREDIT CARD AUTHORIZATION

Signature \_\_\_\_\_

Signature \_\_\_\_\_

I hereby authorize the Brant County SPCA to deduct  
\_\_\_ \$15.00 \_\_\_ \$20.00 \_\_\_ \$25.00 \_\_\_ \$30.00 \_\_\_ Other \$ \_\_\_\_\_

I hereby authorize the Brant County SPCA to deduct  
\_\_\_ \$15.00 \_\_\_ \$20.00 \_\_\_ \$25.00 \_\_\_ \$30.00 \_\_\_ Other \$ \_\_\_\_\_

from my Chequing account on the first of each month. I understand that I may cancel this arrangement in writing at any time.

from my credit card on the first of each month. I understand that I may cancel this arrangement in writing at any time.

Please enclose a cheque marked “void” so that we may make arrangements with your bank.

Please charge to my: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Card no. \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Pin # \_\_\_\_\_