

Date: \_\_\_\_\_



### Contribution Form

*Please print out, complete, and mail this form with your check or credit card information to:*

Friends of Indianapolis Animal Care & Control Foundation  
7399 N. Shadeland Ave. #117  
Indianapolis, IN 46250

#### METHOD OF PAYMENT

Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to  
**FIACC.**

*Please mail me a gift acknowledgement at the address below:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to make a gift in the amount of \$ \_\_\_\_\_ charged to my credit card:  
 \_\_ Visa    \_\_ MasterCard    \_\_ Amex

Name on card  
(please print): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

#### RECOGNITION

Please indicate how you would like to be recognized in our printed material:

Name (please print): \_\_\_\_\_

I prefer to remain anonymous

**TYPE OF DONATION (please choose one):**

- Gift in honor of: \_\_\_\_\_  
*(name or names)*
- Gift in memory of: \_\_\_\_\_  
*(name or names)*
- Gift for a special occasion: \_\_\_\_\_

**COMMUNICATION**

Choose the best way we can stay in touch with you to share information:

- |   |  |
|---|--|
| <input type="checkbox"/> Email  | <input type="checkbox"/> Phone conversations |
| <input type="checkbox"/> Events (e.g. site visits, seminars, social events) | <input type="checkbox"/> Web site            |
| <input type="checkbox"/> In-person meetings                                 | <input type="checkbox"/> Not at all          |
| <input type="checkbox"/> Mailings (e.g. newsletters)                        |  |

For more information contact the Friends of Indianapolis Animal Care & Control Foundation at 7399 North Shadeland Ave. #117, Indianapolis, IN 46250. You can also reach the Foundation by telephone at 317-578-5484, via email at [info@friendsofindyacc.org](mailto:info@friendsofindyacc.org), or online at <http://www.friendsofindyacc.org>.