

## DONATION FORM

Name:

Address:

City:

Prov.:

Postal Code:

Tel:

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**Enclosed is my donation of:**

\$15  \$25  \$50  \$100

Other/Autre montant:

Visa/Mastercard

Card #/N° de carte:

Exp. date/Date d'exp. /

Signature :

**I want to join PAWS, the monthly Pre-Authorized chequing/credit card Withdrawal System.** (Please indicate the amount of your donation and attach a voided cheque or fill out credit card info below. Withdrawals are made on the 15<sup>th</sup> of the month.)

**Monthly donation/Don mensuel :**

\$5  \$10  \$20  \$30

New Brunswick SPCA  
PO Box 1412, Stn A  
Fredericton, NB  
E3B 5E3