



# I want to become a friend of the Humane Society

|               |   |                                   |
|---------------|---|-----------------------------------|
| Membership #1 | Name _____  | Phone _____                       |
|               | Address _____   |                                   |
|               | City _____  | State _____ Zip _____ Email _____ |
|               | <input type="checkbox"/> \$25 Basic <input type="checkbox"/> \$40 Family <input type="checkbox"/> \$100 Partner <input type="checkbox"/> \$500 Lifetime <input type="checkbox"/> \$10 Junior <input type="checkbox"/> \$12 Senior 62+ <input type="checkbox"/> \$10 Staff |                                   |
| Membership #2 | Name _____  | Phone _____                       |
|               | Address _____   |                                   |
|               | City _____  | State _____ Zip _____ Email _____ |
|               | <input type="checkbox"/> \$25 Basic <input type="checkbox"/> \$40 Family <input type="checkbox"/> \$100 Partner <input type="checkbox"/> \$500 Lifetime <input type="checkbox"/> \$10 Junior <input type="checkbox"/> \$12 Senior 62+ <input type="checkbox"/> \$10 Staff |                                   |

All new members receive a pin. All members except Juniors can receive the quarterly newsletter.  
We respect your privacy, so the information you give us will be kept secure and no other organization will have access to it.

- Yes! Please send the newsletter to my home address.
  - Save the postage! I can read your newsletter online with color pictures.
- ([www.spokanehumanesociety.org](http://www.spokanehumanesociety.org) has a link to the newsletter on the homepage).

Your contribution makes a difference. Thank you!

|           |                               |                                     |                                |
|-----------|-------------------------------|-------------------------------------|--------------------------------|
| Charge my | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> _____ |
| Account # | _____                         |                                     |                                |
| Exp. Date | _____                         |                                     |                                |
| Signature | _____                         |                                     |                                |

Please mail to: Post Office Box 6247, Spokane, Washington 99217-0904