CHIPPEWA COUNTY HUMANE ASSOCIATION DONATION FORM
P.O. Box 562
Chippewa Falls, WI 54729
715-382-4832
www.chippewahumane.org

Please print and mail this form with your donation and/or membership fee. Thank you! If you have questions, please contact Lori at: 715-382-4832 or ccha@ecol.net
My check (payable to CHIPPEWA COUNTY HUMANE ASSOCIATION) is enclosed for:

MEMBERSHIP CATEGORIES
___ $2.50 Pet Member
___ $10 Student/Senior Member
___ $15 Standard Membership
___ $25 Family Membership
___ $50 Humanitarian Membership
___ $100 Corporate

DONATION CATEGORIES
$_____ General CCHA Donation
$_____ Special Needs Donation
$_____ Building Fund Donation

This donation is in memory of: circle one
_____ name of deceased person | pet

This donation is in honor of: circle one
_____ name of living person | pet

Please complete, print out and enclose this form with your check.
We need and appreciate your continued support. Thank you!
Contributions are tax deductible as provided by law.