

the greatest gift catalog

THE GIFT OF LIFE

\$ _____ Total Gift

If needed, please specify where you want your gift allotted.

THE GIFT OF SPAY

\$ _____ Total Gift

If needed, please specify where you want your gift allotted.

THE GIFT OF FLIGHT

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If needed, please specify where you want your gift allotted.

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\$ _____ Total Gift

If needed, please specify where you want your gift allotted.

THE GIFT OF FUN

\$ _____ Total Gift

If needed, please specify where you want your gift allotted.

THE GIFT OF HOPE

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If needed, please specify where you want your gift allotted.

THE GIFT OF TIME

\$ _____ Total Gift

If needed, please specify where you want your gift allotted.

THE GIFT OF GOOD HEALTH

\$ _____ Total Gift

If needed, please specify where you want your gift allotted.

THE GIFT OF SUCCESS

\$ _____ Total Gift

If needed, please specify where you want your gift allotted.

THE GIFT HORSE IN THE MOUTH

\$ _____ Total Gift

THE PRICELESS GIFT

If you are interested in volunteering, fostering, or adopting, please provide the easiest way for us to contact you.

***For credit card donations,** use the form on the next page and check one time donation.

Is this a gift in a loved one's name? ☐

Please indicate the person(s) name _____

(We will send you a printable card with their name on it, just include your e-mail)

THE GIFT OF LOVE

This is a monthly donation given to No Kill Louisville's "Greatest Needs" fund.

Yes, I support No Kill Louisville and authorize them to charge \$_____ a month to my credit card as indicated until I notify No Kill Louisville to discontinue the charges. OR, I would like to make a one time donation of \$_____.

(For monthly bank withdrawals use the ACH form; for a one time donation send check.)

Credit Card # _____

Exp. date _____

CSC # _____

e-mail address _____

Phone # _____

Signature _____

Date _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name No Kill Louisville

Company ID Number 27-2368180

I (we) hereby authorize No Kill Louisville, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing Number _____ **Account Number** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ **ID Number** _____
(Please Print)

Date _____ **Signature** _____

Mail to: No Kill Louisville P.O. Box 6655 Louisville, KY 40206



Mission: The mission of No Kill Louisville is to increase community involvement, raise awareness and generate funding in support of becoming a No Kill community.