

**Humane Society Calumet Area**  
**PAW Pals Cage Sponsorship Program**



**Hi, I'm Jenks!**

In an effort to help my shelter friends, you won't believe what I've dug up this time. It's purr-fect, and it's called Paw Pals Cage Sponsorship! Did you know that over 3,000 animals are abandoned at our door each year? Scared to death, they are led into the kennel, trusting that their new friends will care for them until someone else comes along to take them home.

**Sponsoring one of my pals is easy.** Here's the scoop! For only \$15 a month, or as little as 50¢ a day, you can become a Paw Pal. Simply choose to sponsor a dog, cat, or maybe one of each, and a cage number will be assigned to you. As a personal thank you, I've paw-picked an HSCA T-Shirt for you to receive after signing up. I'm depending on you because they're depending on me! Please stop by and meet your new pals and tell 'em Jenks sent you. You'll be glad you did. I'm pawsitive!

Fondly,

 *Jenks*

P.S. You can also give a "Pals Sponsorship" as a gift to a special someone unable to have a pet of their own. A Certificate of Sponsorship will be mailed announcing your gift.

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**Yes! I'll help Jenks with my "Paw Pals" Sponsorship:**

I would like to sponsor a (please check one or both):  Dog Cage  Cat Cage  
 \$15 (one cage)  \$30 (two cages)  \$45 (three cages)  Other \$ \_\_\_\_\_  
**For any sponsorship of \$15 or more, you will receive a certificate for a free HSCA t-shirt.**

**First Financial Bank ACH  
Debit Authorization  
Humane Society Calumet Area, Inc.**

I hereby authorize the Humane Society Calumet Area, Inc. (HSCA) to debit my account on a monthly basis for a general donation in the amount of: \$ \_\_\_\_\_.

Please select a payment date for each month:  
 5<sup>th</sup> or  20<sup>th</sup>

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_

Depository Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing/ABA # \_\_\_\_\_ Account #: \_\_\_\_\_

(9 digit number, bottom lower left of check)

Type of Account:  Checking or  Savings

*I understand that I am in full control of my payments, and if at any time I decide to discontinue the Automatic Payments, I will simply notify the HSCA in writing of its termination in such manner as to afford the HSCA and the Financial Institution a reasonable opportunity to act.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail this completed, confidential form along with a **VOIDED CHECK OR DEPOSIT TICKET** to:  
Humane Society Calumet Area  
421 45<sup>th</sup> St.  
Munster, IN 46321