

CAT-ALYST SOCIETY

• Yes, Becky! I want to join the Cat-alyst Society and become a change agent for the cats.							
I am returning this authorization form by mail. My signature below authorizes Alley Cat Allies to receive:							
0	\$5.00	○ \$8.00	○ \$10.00	○ \$20.00		Your donation is tax-deductible as a charitable contribution as allowed by law.	
0	\$25.00	○ \$50.00	○ \$100.00	○ \$ Other			
P]	lease make	my gift: 0	o on a monthly basis o on a quarterly basis			y basis	
Addres	s:						
			State:				
Email:			Phone:				
Authorizing signature:							
Select your method of payment by circling option 1 or 2 below.							
1. Please	e charge my	/ card.					
0 Am	ierican Expr	ress O Discover	Card Number:				
o Ma	asterCard	○ Visa	Expiration Date: _	MONTH DAT	'E YEAR	_ CVC Number:	
2. Please debit my bank account. My voided check is included.							

- Yes, I would like to receive email communications from Alley Cat Allies to stay informed about how I can help protect cats in my community.
- O Yes, I would like to receive information on how to include Alley Cat Allies in my will.

Thank you very much!

Terms of Agreement: This authorization shall remain in effect until I notify Alley Cat Allies in writing that I wish to end this agreement and they have had reasonable time to act on it; or until Alley Cat Allies has sent me 10 days written notice that they wish to end this agreement. My authorization to Alley Cat Allies to charge my credit card or debit my bank account on a reoccurring monthly basis shall be the same as if I had personally authorized a charge or signed a check to this organization. A record of each charge will be included in my regular credit card/bank statement and will serve as my receipt. In the event of an error, I have the right to instruct my financial institution (credit card/bank provider) to reverse any charge and I understand that this must be done by written notice within 60 days of the date of the transaction date.