



2017 Membership Form

YES! I want to play a role in making our community a more compassionate and humane place for all animals.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Membership Level *(please select one)*:

- | | | | |
|------------------|---|-----------------------|---|
| Friend | <input type="checkbox"/> \$50 annually | Lifesaver | <input type="checkbox"/> \$50 monthly |
| | | | <input type="checkbox"/> \$700 annually |
| Companion | <input type="checkbox"/> \$15 monthly | Champion | <input type="checkbox"/> \$100 monthly |
| | <input type="checkbox"/> \$200 annually | | <input type="checkbox"/> \$1,500 annually |
| Caregiver | <input type="checkbox"/> \$25 monthly | Forever Friend | <input type="checkbox"/> \$200 monthly |
| | <input type="checkbox"/> \$350 annually | | <input type="checkbox"/> \$2,500 annually |

Payment Method:

- Check *(enclosed check made payable to Pope Memorial SPCA)*
- VISA MasterCard Discover

Card # _____

Expiration Date: _____ 3-digit Code: _____

Thank you for becoming a member!

Please mail complete form and payment to:
**Pope Memorial SPCA
94 Silk Farm Road
Concord, NH 03301**