



I would like to help the greyhounds with a monthly donation:

Name _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Please charge the following credit card account in the amount of \$_____ on a monthly basis, starting immediately upon receipt of this form, and thereafter on the first of the month. If the first falls on a weekend or holiday, my card will be charged on the next business day.

PAYMENT INFORMATION

VISA MasterCard American Express

Credit Card Number _____

Expiration Date (month/year) _____ Security Code _____

My signature below signifies that I understand that I may modify or discontinue my monthly contributions at any time by contacting GREY2K USA by mail, phone, fax, or email (contact information below). I authorize the use of the above credit card account for the monthly contributions described on this form until I provide notice of my intent to change or discontinue these contributions.

Signature _____ Date _____

**To request an immediate gift using MC, VISA, AMEX or PayPal,
please go to www.grey2kusaedu.org/give**

Please return completed form by FAX or MAIL to:

GREY2K USA EDUCATION FUND, P.O. Box 122, Arlington, MA 02476
Tel: 781-488-3526 Fax: 781-488-3529 E-mail: christine@grey2kusa.org

Thank you for caring about the greyhounds!

** The GREY2K USA Education Fund is a non-profit 501(c)3 educational organization dedicated to the welfare of greyhound dogs. All contributions are tax deductible to the full extent of the law. **