Make giving easy with our P.A.W.S.* monthly giving program!

*Pre-Authorized Withdraw System

It only takes a few minutes to become a P.A.W.S. member and your monthly donation can be automatically withdrawn from your bank or credit card account.

Donations can be given in any amount and updating your payment information is quick and easy if changes ever need to be made. As a 501c3 nonprofit charity, we rely entirely on support from our community to continue to operate. HSWM has been helping the animals of the West Michigan community for over 137 years with the support of our generous donors!

Contact our Development Department for assistance at development@hswestmi.org or call 616.791.8057.

HSWM
3077 Wilson Dr. NW
Grand Rapids, MI 49534

hswestmi.org
616.453.8900
A total of 3,684 animals were adopted in 2019 alone and each year we strive to help even more. By becoming a P.A.W.S. member you are supporting Humane Society of West Michigan's mission to:

“PROMOTE THE HUMANE TREATMENT AND RESPONSIBLE CARE OF ANIMALS THROUGH EDUCATION, EXAMPLE, PLACEMENT, AND PROTECTION.”

By supporting HSWM, you are supporting our vision to build a more compassionate community where all animals are given the care they deserve!

When you sign up for P.A.W.S.

you are signing up for the below annual benefits that correspond with your chosen giving range:

- **≤$25:**
  - HSWM DECAL
  - HSWM T-SHIRT
  - 2 TICKETS TO BARK IN THE DARK
  - 10% ADOPTION DISCOUNT
  - P.A.W.S. PLAQUE

- **≤$50:**

- **≤$100:**

- **≤$250:**

- **>$250:**

Sign up for P.A.W.S. recurring payment by visiting [www.hswestmi.org](http://www.hswestmi.org) and selecting the “donate” option at the top of the screen. Be sure to select “recurring payment” next to your chosen donation amount to allow for automatic monthly transactions. Alternately, you may fill out the form to the right and return it to HSWM for processing.

For more information or any questions, please call 616.791.8057 or send an email to:

Heather Hehrer
DEVELOPMENT COORDINATOR
development@hswestmi.org

**DONOR DETAILS:**

Name

Street Address

City, State, Zip

Phone __________________________ Email __________________________

**DONATION INFORMATION:**

Date of First Donation

Monthly on the:

- [ ] 1st
- [ ] 15th

Amount ($)

**PAYMENT DETAILS:**

Payment Method

- [ ] Bank Account (attach voided check)
- [ ] Credit Card

Credit Card Number __________________________

Name on Card __________________________

CV Code __________________________ Exp. Date (MM/YY) __________________________

Signature __________________________ Date __________________________