

The Lillian Allbon Animal Shelter
798 Smith Road
Cumberland County
Nova Scotia
B4H 3Y4
902 – 661 – 7297



Monthly Donation Form

I, _____, would like to give a monthly donation of
\$10 \$15 \$25 or other \$

I authorize the LA Animal Shelter to deduct, from my account, the amount specified above. Deductions
will be made on the 15th of each month.

I have enclosed a blank cheque marked VOID. Signed: _____

Address: _____

Phone: _____

E-mail: _____

Date: _____



Please send this completed form and your voided cheque to the address below:

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