

The Lillian Allbon Animal Shelter  
668 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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