## Sa emen of Te

Name (as you would like to be recognized and

As a member of Anti-Cruelty's Rose Fay Thomas at the Society's location in River North, unless yo

Do recognize on the donor wall or in Society others to give.

Do not recognize or publish. I/we choose to b

In o de  $e_{1}$  o e k efe ence An i-C el k in c o gani a ion i The An i-C el k Socie c. We a e a en  $i \in C$  nde  $e_{1}$  he IRS Code a Sec ion 501(c)(3), and Chicago Illinoi , 60654. O Ta ID 36-2179814.

To assist the Society in recordkeeping and future bubelow. Please note that this information is for **lanni** 

Gene al de c i , ion of e o i ion (will, revoca describe):

**De\_ni\_ion of** o i ion (percentage of total estate, spe

Name and con aç info ma ion of  $a_{f}$  o ne. o  $f = a_{f}$  adm

With he nde anding ha alle all bjec o chang I/ e an ici ale m. /o. fe e gif o An i-C. ele o be

## **PURPOSE:**

 $\Box \text{ Thi gif } \mathbf{i} \leq \mathbf{n} \in \mathbf{e}_{\mathfrak{f}} \text{ ic ed and max be ed he } \mathbf{e}_{\mathfrak{f}} \text{ he need } \mathbf{i} \text{ g e }_{\mathfrak{f}} \in \mathbf{e}_{\mathfrak{f}} \text{ he }_{\mathfrak{f}} \text{ ime.}$  $\Box \text{ The gif } \mathbf{i}_{\mathfrak{f}} \text{ o be ed fo}_{\mathfrak{f}} \text{ he follo ing } \mathbf{c} \text{ o e:}$ 

## **SIGNATURES:**

Signature		Date	Birth Date
Signature 2		Date	Birth Date
PRIMARY ADDRESS	\$:		
Address			
City		State	Zip
SECONDARY ADDR	ESS:		
Address			
City		State	Zip
TELEPHONE:			
Home			_
Cell			-
Email			-
<b>O Mi ion</b> Build a healthy and happy community where pets and people thrive together.	<b>Web į e</b> anticrūelty.org	<b>Mailing Add e</b> 157 W. Grand Ave. Chicago, IL 60654	<b>Con aç</b> Phone 312-644-8338 Fax 312-644-3878