



## NHES Monthly Giving Partner in Animal Welfare ENROLLMENT FORM

**YES! I want to start monthly gifts to support all of The National Humane Education Society programs and help more animals as a *Partner in Animal Welfare*.**

Please find my information to start deducting my monthly gifts from my bank account as indicated below. Please send me an acknowledgement as soon as you receive this form.

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NAME

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ADDRESS

CITY

STATE

ZIP

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PHONE

EMAIL

☐ I would like to make my monthly gifts by Electronic Bank Transfer.

I authorize The National Humane Education Society to deduct my monthly gift from the designated checking account automatically each month as indicated in the terms outlined below.

Charge \$\_\_\_\_\_ on the 1<sup>st</sup> or 15<sup>th</sup> beginning with the month of: \_\_\_\_\_

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BANK OR CREDIT UNION NAME

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CITY

STATE

ZIP

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ROUTING NUMBER (first nine digits on the bottom of your check)

ACCOUNT NUMBER

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AUTHORIZATION SIGNATURE (required)

DATE

**\*Please include a check for your first month's payment or include a voided check to complete the process.**

Please mail completed form to:  
The National Humane Education Society  
ATTN: Special Gifts Department/Development  
PO Box 340 | Charles Town, WV 25414

If you have any questions or would like to make changes to your gifts, please contact us at **304-725-0506** or **information@nhes.org**.

***Thank you for your wonderful monthly gifts and your special support as a Partner in Animal Welfare!***