



Donation Form

Please complete this form and mail to:
Rhode Island SPCA
186 Amaral Street
Riverside, RI 02915

Telephone: (401) 270-1964
Email: svanpatten@rispca.com

Enclosed is my tax deductible gift of: \$_____ to the Rhode Island SPCA.
(please make checks payable to "RISPCA")

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mobile Number: _____ Email: _____

I **do not** wish to receive the RISPCA's monthly electronic newsletter by email.

Please Complete the section below if you would like to make your gift in honor or in memory of a special person or pet:

In Honor / In Memory (please circle one)

(if pet, please indicate)

Send acknowledgment to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Their relationship to the honoree: _____

Please send me information about (check all that apply): Planned Giving Monthly Giving

Thank you for your support!

** Your privacy is important to us, your information will be kept private and will not be shared with any third party.*