



ANIMAL PROTECTION OF NEW MEXICO, INC.

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505.265.2322 (ph) • 505.265.2488 (fax)
www.apnm.org • apnm@apnm.org



EASYGIVE DONOR FORM

Please complete and return this form to Animal Protection of New Mexico, Inc. (APNM) with your check for this month's pledge payment, (if you haven't already made it). The automatic transfers will begin in 4-6 weeks. Your bank statement will serve as your receipt. A minimum monthly gift of \$10.00 is requested.

I authorize my bank to pay APNM the following each month:

This authorization shall remain in effect until I notify APNM or my bank in writing that I wish to end this agreement and APNM or my bank has had reasonable time to act on it. A record of each transfer will be included in my regular bank statement and serve as my receipt.

- \$10
- \$25
- \$50
- \$100
- Other: \$_____

CONTACT INFO

Your name _____

Address _____

City _____ State ____ Zip _____

Signature _____

Date _____

FINANCIAL INFO

Bank name _____

Account number _____

Bank routing number _____

(ask your bank if not sure of the number)



Members have come to count on APNM to be there, to care, and to take direct action. Similarly, APNM has come to rely on its members for their support.

KEEP FOR YOUR RECORDS:

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Date signed _____