



SNSI

**Spay-Neuter Services of Indiana, Inc.
invites you to support us
in our efforts to fulfill our mission.**

Enclosed is my check for: \$ _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email _____@_____

Please check one option:

- General donation**
- In **honor** of a person: name _____
- In **memory** of a pet: name _____
- In **memory** of a person: name _____

All memorials and honorariums are published in the SNSI Newsletter and a card will be sent to the family.

Send memorial/honorarium card to the family:

Name _____

Address _____

City _____ State _____ Zip _____

Send completed form with donation to:

SNSI
P.O. Box 55917
Indianapolis, IN 46205-0917