



CENTRAL NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

ANNUAL MEMBERSHIP REGISTRATION

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

I would like to help the animals at the CNYSPCA receive a second chance, by becoming a member at the following level (please select one):

_____ PACK (Donation of \$25 to \$99)

_____ PRIDE (Donation of \$100 to \$499)

_____ KIZEY FOUNDATION (Donation of \$500 +)

_____ I would not like to become a member at this time but would still like to make a donation.

Enclosed is my: Check _____ Money Order _____ for the amount of \$ _____

(Please make checks payable to: CNYSPCA)

-OR-

Please charge my: Visa _____ Master Card _____ for the amount of \$ _____

Expiration Date (mm/yyyy): ____/____/____ Signature: _____

Mail form with payment to: CNYSPCA
5878 East Molloy Road
Syracuse, New York 13211

Thank
You!

