



Chilliwack Animal Safe Haven Society
MEMORIAL PLAQUE FORM

IN MEMORY OF

Donation Amount: \$100.00 Per Plaque
In Memory Of (Pet's Name): _____
Pet's Date of Birth: _____
Pet's Date of Passing: _____
Name of Donor: _____
Address: _____
City: _____ PC: _____
Telephone: _____
Email: _____

Please note that the Chilliwack Animal Safe Haven will endeavour to include the names of up to two animals (if space allows).

Please complete the above information and mail it with your \$100 payment to:
Chilliwack Animal Safe Haven
49843 Chilliwack Central Road
Chilliwack, BC V2P 6H4

Please make your cheques payable to "Chilliwack Animal Safe Haven" with a notation on the cheque specifying "In Memory of" and the name of the pet.

OFFICE USE ONLY:

Date received: _____ Receipt Issued: Yes No Staff Initials: _____
Date plaque placed: _____ Location: _____