



Friends of Charlton Animal Shelter, Inc.

P.O. Box 322
Charlton, MA 01507
info@focascharlton.org
www.focascharlton.org

FOCAS MEMBERSHIP FORM

Name: _____ Date: _____

Mailing Address: _____ Phone: _____

City, State, Zip: _____

Email: _____ (FOCAS will not share or sell your information)

Type of Membership: _____ Individual (\$10) _____ Senior Citizen (\$5)
(Membership is valid for one year from May to May)

Optional or Memorial Donation: \$ _____ Lucy's Fund Donation: \$ _____

Would you like to volunteer for F.O.C.A.S. events/activities? _____ Yes _____ No

Optional: Please share any special skills/experiences that you have: _____

Why Join?

Friends of Charlton Animal Shelter (FOCAS) is seeking new members who share our mission to enrich the lives of animals in the Charlton community. Members are needed to plan events, assist with activities and booths, and fundraise. FOCAS members can vote at the annual meeting held in May. Community participation is very important to our success to help the homeless animals in Charlton. We hope we can count on you!

FOCAS is a 501(c)3 non-profit organization. Donations are tax deductible as allowed by law. Please join today – YOU can make a difference for the homeless dogs and cats in Charlton!

Checks can be made out to FOCAS and mailed to: PO Box 322, Charlton, MA 01507

THANK YOU FOR YOUR SUPPORT!

Please retain this portion as receipt of your membership/donation.

Date: _____ Amount: \$ _____ Payment Method: Cash Check# _____

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