

PEACE OF MIND SOCIETY APPLICATION

PLEASE FILL OUT ONE APPLICATION PER ANIMAL THAT WILL BE ENTERED INTO THE PEACE OF MIND SOCIETY PROGRAM (THERE IS A MAXIMUM OF SIX ANIMALS PER HOUSEHOLD PERMITTED IN THE PROGRAM).

PERSONAL INFORMATION

Name:
Date of Birth:
Phone Number:
Home Address:
Email Address:
If Applicable Name of Spouse/Significant Other:
Date of Birth:
\Box I have read the requirements of Peace of Mind Society (POMS) and agree to the terms of this program operated by Jameson Humane.
\Box I understand a minimum gift of \$10,000 per animal is required to be a member of the POMS This gift may be made in advance or left as a bequest or trust.
Please specify the type of gift(s) you wish to make (check all that apply): ☐ Monetary gift in will ☐ Gift as a percentage of estate ☐ Other (please describe)
I/ We have made JH a beneficiary of (check any that apply): ☐ Retirement Account ☐ Life Insurance ☐ Bank Account ☐ Other (please describe):
Optional Information: This optional information helps the organization work with your estate and its administrators in ensuring that Jameson Humane processes the donation accurately and within our policies and procedures.
For JH planning purposes only, please estimate the approximate monetary value of your gift: \$
Name of person administering your estate who would contact us about your planned gift:
Name/Company Phone

PEACE OF MIND SOCIETY APPLICATION

Please make sure the following information about JH is listed next to our name:

Jameson Humane Federal Tax ID 47-1230166 with a mailing address of 1199 Cuttings Wharf Road, Napa, Ca 94559 Your animal's name: Your veterinarian's name and contact information: Please share the most recent date(s) of your animal's vaccinations and last physical examinations: Does your animal have a known medical condition and if so, what is it? What is your method of treating this condition? What do you feed your animal and how much? What type of daily activity does your animal receive? If not with you, where would be the perfect place (home) for your animal, in your opinion? Once you join POMS, one of our staff will make an appointment to visit with you and your animal companion.

PEACE OF MIND SOCIETY APPLICATION

and finding the right home for your animal upon your passing through our thorough adoption application, home check, and contract process.
$\hfill\Box$ Yes, I have read the requirements of POMS and agree to the terms of this program operated by Jameson Humane.
Please list your temporary caregiver's name and number with an email. Please arrange assistance from this person/s for two weeks to care for and transfer your animal to Jameson Humane as necessary upon your death.
Name of temporary caregiver:
Phone:
Email:
Thank you for taking the time to let us understand your animal's specific needs. We look forward to building this relationship with you and can assure you we will have your best interests in mind when it comes to caring for your furry family members.
Your signature:
Your name (please print):
Date:
\Box Yes, to recognize your generosity, we may include your name in a list of supporters who plan to make or have made a gift to JH in their estate.
\Box Yes, please print my name with the growing list of estate gift/planned gift donors, which will inspire others to follow my lead.
\square No, I'd prefer my future gift not be publicized at this time.
Please return this form to:

Jameson Humane

Napa, CA 94559

1199 Cuttings Wharf Road