

## 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:	
☐ I have read the requirements of Peace of Mind Society (POMS) and agree to the terms of the program operated by Jameson Humane.	iis
$\Box$ I understand a minimum gift of \$10,000 per animal is required to be a member of the POM with an immediate, one-time contribution of \$1,000 which includes an annual wellness check for each pet in the program. This gift may be 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)	
<ul> <li>I/ We have made JH a beneficiary of (check any that apply):</li> <li>□ Retirement Account</li> <li>□ Other (please describe):</li> </ul>	
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	

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

## PEACE OF MIND SOCIETY APPLICATION

Your animal's name:	Sex: □ Male □ Female
Your veterinarian's name:	
Phone #:	_ Is your pet: $\Box$ Spayed/Neutered $\Box$ Intact
Species:	Breed:
Microchip #:	_ Using flea/tick control? $\square$ Yes $\square$ No
	your animal's vaccinations and last physical
-	condition and if so, what is it? How is it being dications?
What do you feed your animal? How muc	ch and how often?
What type of daily activity does your anim	mal receive? What is their daily routine?
Does your animal display any behavior the circumstance or environment?	
If not with you, where would be the perfeopinion?	
Is there anything else that you'd like to s	hare with us about your animal?

Once you join POMS, one of our staff will make an appointment to visit with you and your animal companion. Thank you!

## 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:
$\hfill\Box$ 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.
$\hfill \Box$ 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 1199 Cuttings Wharf Road

Napa, CA 94559

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