

## **Donation Form**

Mail completed form to: Paws and Prayers Pet Rescue, PO Box 67166, Cuyahoga Falls, OH 44222

Date:/	/		ate Received:/	
DONOR INFO	DRMATION:			
Name:			Phone:	
Address:				
		(Street, City, State, Zip)		
E-mail Address:				
MAKE GIFT II	N MEMORY / HON	OR OF SOMEONE (	optional):	
☐ PERSON MEMORIAL / HONORARIUM		IUM 🖵 PET	☐ PET MEMORIAL / HONORARIUM	
Tribute Name:_				
Send acknowled	lgement to:	<b>7</b>		
		(Family Name)		
Address:		(Street, City, State, Zip)		
E-mail Address:				
TOTAL AMOL	JNT ENCLOSED (c			
□ \$25 □	\$50 🗆\$100	•	O □ OTHER \$ yers Pet Rescue	
CHARGE MY	GIFT TO (credit):			
	☐ Mastercard	☐ Discover	☐ American Express	
Name on card: $\_$				
Credit Card Nur	mber:			
Exp. Date:	/ /	CVC Code:		
GIVING SCH	EDULE			
☐ One time	☐ Monthly	Start Date:	Amount: \$	
SIGNATURE:			DATE:	

I authorize the above company to charge the amount indicated in this authorization form according to the terms and schedule outlined above. I certify that I am an authorized user on this account and that I will not dispute the transaction with my bank or

credit card company; so long as the transaction corresponds to the terms indicated in this form.