



of Central PA, Inc.

Donation Form

I (we) hereby agree to contribute the sum of \$ _____.

Donor(s) _____

_____ Check here if you wish to remain Anonymous

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____ Email _____

___ My employer has a Matching Gifts Program. Please contact me.

Total Donation \$ _____

Paid herewith \$ _____ **Balance Due \$** _____

To be paid: ___ Annually ___ Semi-Annually ___ Quarterly ___ Other (please specify) _____

Please make checks payable to *Canine Rescue of Central PA*

Charge to my credit card VISA MasterCard AMEX

Card Number _____ Expiration ____/____

Security Code (3 or 4 digit number on back of card for Visa/MC, front of card for AMEX) _____

Name on credit card (please print) _____

Date _____ Signature _____

Please contact me regarding the following:

___ I may wish to make my gift in the form of publicly traded stocks.

___ I wish to discuss making a planned gift as part of my contribution.

Please return this form to: Canine Rescue of Central PA, P.O. Box 129, Dillsburg, PA 17019

Questions? Call 232-1644

THANK YOU!

The official registration and financial information of Canine Rescue of Central PA, Inc., may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999.

Registration does not imply endorsement