



*“PAWSBINK advocates, educates, and provides direct services to nurture the bond of companionship between pets and their people, for the health and well-being of both.”*

## **PAWS of Bainbridge Island & North Kitsap Donation Form**

*Thank you for your generous support of our mission. Donations to PAWS of Bainbridge Island & North Kitsap 501(c)(3) Fed. ID 91-0952064 are income tax deductible and may be eligible for corporate matching gift programs. Please contact your employer or pension provider for more information.*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Acknowledgement:**

\_\_\_ In Memorium (person or pet): \_\_\_\_\_

address of acknowledgement: \_\_\_\_\_

\_\_\_ In Honor of (person or pet): \_\_\_\_\_

address of acknowledgement: \_\_\_\_\_

\_\_\_ Tribute of thanks (individual or business): \_\_\_\_\_

address of acknowledgement: \_\_\_\_\_

\_\_\_ Friend of PAWSBINK (you!): \_\_\_\_\_

I/we designate this gift to be used for:

\_\_\_ Wherever the need is greatest

\_\_\_ Adoption Program

\_\_\_ Low-Income Spay/Neuter Program

\_\_\_ Low-Income Veterinary Assistance Program

\_\_\_ Pets and Loving Seniors Program (PALS)

\_\_\_ Safe Harbor Program

\_\_\_ Mama's Last Litter Program

\_\_\_ Pet Food Bank

\_\_\_ Event Sponsor: \_\_\_\_\_

If paying by credit card please complete the following information:

Card No.: \_\_\_\_\_

Card (Visa, MC, Amex): \_\_\_\_\_

Expiration Date (mo./yr.) \_\_\_\_/\_\_\_\_

CVV number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Please send completed form, along with your check or credit card information, to:

PAWSBINK, PO Box 10811, Bainbridge Island, WA 98110