

Please mail this completed form to: Paws 4 A Cure PO Box 1821 Wakefield, MA 01880

Donation Form

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please type or print clearly). Your email address is required for delivery of your tax deductible receipt.

Today's Date:				
Amount of Check: \$ payable to Paws 4 A Cure.				
Your Name:				
Address:				
City:	State:		Zip Code:	
Email (required):				
□ Where It Is Needed Most: S	Support the most urgent	Paws Recipient.		
A Paws Recipient (provide)	name):			
Please also indicate the name o	f the specific Paws Recip	ient on the mem	no line of your check.	
Donate in memory of (provided)	de name):			
Donate in honor of (provide	name):			
Send message with gift donatio	n:			
Send a gift donation:				
То:				
Their Address:				
City:	St	ate:	Zip Code:	
Email (required, if known):				

To keep costs down to a minimum, you will receive your tax deductible donation receipts via email. If you have not received an email with your tax deductible receipt from Paws 4 A Cure within 30 days of your mailed donation, please make sure that the Paws 4 A Cure email is not in your spam folder. If you still have not received your email after 30 days, please visit our Contact Us page. Thank you for your support.