

Your Name:	
Home Address:	
Home/Mobile: ( ) E-mai	il:
PAYMENT OPTIONS	
☐ Enclosed is a check made payable to the <i>Animal Protective Foundation</i> in the amount of \$	
☐ Please immediately charge \$	_ to my: _ Mastercard _ WISA _ MASTERCAN _ MOUVUS
Account #:	
Signature:(As it appears on your care	d) Exp. Date:/
☐ I pledge a gift of \$ to be paid *monthly.	
$\square$ *Please continue to charge my credit card provided above for my monthly commitment	
TRIBUTE OPTIONS	
☐ My gift is in memory of (name(s) / pet)	
☐ My gift is in memory of (name(s) / pet)	
Please notify (name and address) of this gift:	
If you would like to purchase a tribute brick with your pet's name on it and have it placed in the APF Memorial Garden, please contact Riley at 518-374-3944 ext. 115 or <a href="mailto:sheedy@animalprotective.org">sheedy@animalprotective.org</a>	
☐ My gift is anonymous. By checking this box you do not wish to receive any public recognition	
Signature Required:	Date:

Thank you for supporting the Animal Protective Foundation! Together, we are changing the lives of more animals in need. If you have any questions about supporting the APF please contact Riley at 518-374-3944 ext. 115 or <a href="mailto:sheedy@animalprotective.org">sheedy@animalprotective.org</a>.

Your gift is tax-deductible to the extent allowed by law.