



PALNV
4155 N Rancho Drive #150
Las Vegas, NV 89130
(702) 629-6351

Community Partners Pledge Form

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Cats Name: 1 _____ 2 _____ 3 _____

Sponsorship Levels:

Kitten	[]\$ 120 Year Or []\$ 10 Month	Feeds 2 Cats
Siamese	[]\$ 180 Year Or []\$ 15 Month	Felv/FIV Test for 1 Cat
Russian Blue	[]\$ 240 Year Or []\$ 20 Month	Feeds 4 Cats
Snowshoe	[]\$ 300 Year Or []\$ 25 Month	Vaccinates 2 cats
American Shorthair	[]\$ 600 Year Or []\$ 50 Month	Spay/Neuter 2 Cats
Maine Coone	[]\$1200 Year Or []\$100 Month	Feeds 10 Cats



Paid By: Check # _____ Credit Card: []VISA []M/C []American Express []Discover

Credit Card Payment Authorization:

Name on Card: _____

Card Number: _____ CVC/Security Code: _____

Exp. Date: _____ / _____ Billing Zip Code: _____

I authorize PALNV to process a payment in the amount of \$ _____ for the above Membership.

Signature: _____ Date: _____