



2020 Donation & Pledge Form

Please complete your contact information below and check all that apply:

Donor's name _____

Address _____

Phone _____

I would like this donation to be anonymous _____ YES

I would like to become a covenant partner and pledge \$ _____ per month for _____ months. I have enclosed my check for this month's pledge payment.

Instead of a pledge, I am enclosing my check in the amount of \$ _____ in support of Paws For Friendship Incorporated.

My employer participates in the matching gift program ~ Name of employer

(Optional) My donation is in memory of _____

Please send an acknowledgement to:

Name _____

Address _____

Please make checks or money orders payable to: Paws For Friendship Incorporated

and mail to: Paws For Friendship Inc. ~ P.O. Box 341378 ~ Tampa, FL 33694

ALL donations are tax deductible.

THANK YOU!