



GENERAL ONLINE CHARITABLE GIFT

*Assistance Dogs transforming lives.*

**CHARITABLE GIFT AMOUNT:** \$ \_\_\_\_\_

**DONOR INFORMATION:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Company (Optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**TO MAKE YOUR CHARITABLE GIFT IN HONOR OR IN MEMORY OF AN INDIVIDUAL, PLEASE COMPLETE THE FOLLOWING SECTION:**  
**paws4people does not disclose your charitable gift amount to the honoree or honoree's family.**

Honoree Title and Full Name: \_\_\_\_\_  
Please send acknowledgement of my charitable gift to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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**TO MAKE YOUR CHARITABLE GIFT BY CHECK, PLEASE MAIL CHECK AND COMPLETED FORM TO:**  
**paws4people, Inc., 1121C-324 Military Cutoff Road, Wilmington, NC 28405**

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**TO MAKE YOUR CHARITABLE GIFT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING SECTION:**  
**AMEX, Visa, MasterCard, and Discover accepted. paws4people does not store credit card information.**

Cardholder's Name (as it appears on Credit Card) \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Card Type: \_\_\_\_\_  
Card Expiration: \_\_\_\_\_  
Signature of Cardholder: \_\_\_\_\_  
Cardholder's Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Yes!** I would like to make a recurring monthly donation on my credit card to support paws4people's mission of educating and empowering people to utilize Assistance Dogs to transform their lives.  \$\_\_\_\_\_/month

**PLEASE MAIL YOUR COMPLETED FORM TO:**  
**paws4people, Inc., 1121C-324 Military Cutoff Road, Wilmington, NC 28405**

If you have questions, please call us at 910.632.0615 or email us at [questions@paws4people.org](mailto:questions@paws4people.org) or more information about us, please visit: <http://paws4people.org/fine-print/>