



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: _____ Card Verification Number (3 or 4 digits) _____
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:
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If you have questions, please call us at 910.632.0615 or email us at questions@paws4people.org or more information about us, please visit: <http://paws4people.org/fine-print/>