



## Donation Form

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	(    )
Telephone (business)	(    )
Fax	(    )
E-Mail	

### Donation/Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
 now  monthly  quarterly  yearly.

I (we) plan to make this contribution in the form of:  
 cash  check  other \_\_\_\_\_.

Gift will be matched by \_\_\_\_\_(company/family/foundation).  
 form enclosed  form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

How did you hear about OccuPaws?

Signature(s)
Date:

Please make checks, corporate matches, or other gifts payable to:  
**The OccuPaws Guide Dog Association**  
**P.O. Box 45857**  
**Madison, WI 53744**