



Animal Protective Foundation Donation Form

53 Maple Avenue • Scotia, NY 12302
(518) 374-3944

Please complete the following form for your donation by credit card or check. You may bring or mail it to: Animal Protective Foundation, 53 Maple Avenue, Scotia, NY 12302. Credit card donations may also be made over the phone by calling (518) 374-3944, ext. 114.

Type of Donation

_____ General Shelter Support

_____ Gift to Honor Someone Special (This may be a person or an animal. Please complete "Gift" section below.)

_____ "In Memory" Donation (Please complete "In Memory" section below.)

PLEASE NOTE: In Honor and In Memory donations of \$25 or more will be listed in our newsletter. If you would NOT like your gift to appear, please check this box

Donor Information

Corporation or Group (if applicable) _____

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail Address _____

Donations by Credit Card

Amount \$ _____

Credit Card Type _____ Visa _____ Mastercard _____ Discover _____

Credit Card Number _____ Expiration Date _____

Signature _____

If you would like this donation to be made on a monthly basis, please check here: _____ **I wish to donate monthly.**
This will be charged to your account on the 15th of each month. Monthly donations may be changed or discontinued at any time by sending a written request to the Animal Protective Foundation, 53 Maple Avenue, Scotia, NY 12302.

Donations by Check

Amount Enclosed \$ _____ Please make payable to Animal Protective Foundation or APF.

For all "Gift" donations, please complete the following:

Name of Gift Recipient _____

Address _____

City _____ State _____ Zip _____

So that we may personalize this gift, please tell us what occasion it is for: _____

Include message that you would like sent with this gift (optional): _____

For all "In Memory" donations, please complete the following:

NAME OF PERSON in whose memory this gift is given _____

Address _____

City _____ State _____ Zip _____

NAME OF ANIMAL in whose memory this gift is given _____

_____ Dog _____ Cat _____ Other _____

_____ This pet belonged to me.

If this was someone else's pet, please indicate who should receive the acknowledgement.

Name _____

Address _____

City _____ State _____ Zip _____

Include message that you would like sent with this gift (optional): _____

Note: Unless you specify below that it is not needed, you will be sent a written acknowledgment for your donation. If donation was made by credit card, a receipt will be sent.

_____ **No acknowledgment is needed.**

***Thank you for supporting the
Animal Protective Foundation.***