

Please mail this completed form to: Paws 4 A Cure P.O. Box 4083 Fall River, MA 02723

Donation Form

Please type or print clearly below then print the form to send with your donation to ensure proper preparation of your tax deductible receipt. Your email address is required for delivery of your tax deductible receipt.

Your Name:			
Address:			
City:	State:		Zip Code:
Email (required):			
Amount of Check: \$ payable to Paws 4 A Cure.			
How should Paws 4 A Cure a	pply your donation?	•	
☐ Where It Is Needed Most: S	Support the most urge	nt Paws Recipi	ient.
☐ A Paws Recipient (provide ı	name):		
Please also indicate the name o	of the specific Paws Rec	cipient on the r	memo line of your check.
□ Donate in memory of (provi	de name):		
□ Donate in honor of (provide	name):		
Send a gift donation:			
To:			
Their Address:			_
City:		State:	Zip Code:
Email (required, if known):			
Send message with gift donatio	n:		

To keep costs down to a minimum, you will receive your tax deductible donation receipts via email. If you have not received an email with your tax deductible receipt from Paws 4 A Cure within 30 days of your mailed donation, please make sure that the Paws 4 A Cure email is not in your spam folder. If you still have not received your email after 30 days, please visit our Contact Us page. Thank you for your support.