

## **DONATION FORM**

Name:	(last)
Street Address:	, ,
City:	
Email:	Phone:
TO DONATE BY CHECK:	
My contribution to Hands, Paws & Hearts is:  \$25 \$50 \$100 \$200	) \$500 OTHER
TO DONATE BY CREDIT CARD:	
Name on Credit Card:	
Billing Address:	City: ————
State: Zip:	
Card Type: Card Number:	Exp Date:
Cardholder Signature:	
Please mail this form to: Hands Paws Hearts 2064 West Ave J PMB 325 Lancaster, CA 93536	