



Donation Form

Your donation supports PAWS Dogs through 2 years of intensive training so they can be placed at no cost to combat wounded Veterans and children with disabilities.

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Thank you for your donation

Please mail to: **PAWS Assistance Dogs** 3173 Horseshoe Drive S, Naples, FL 34104

Method of Payment:

Check or money order (payable to PAWS Assistance Dogs)

Credit Card: MasterCard / Visa (Please circle)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Expiration Date: _____

Cardholder's Name: _____

Signature: _____

Date: _____

Please accept my donation \$ _____