



Yes, I would like to become a Shelter Contributor

Enclosed is my gift of:

\$25 \$50 \$100 \$250

Other \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email address: _____

I am enclosing a check payable to the City of Arlington Animal Services Center

I wish to charge my contribution to: VISA MasterCard Discover

Card Number: _____ Expires: _____

Authorized Signature: _____

Please direct my contribution to:

Pet Food and Supplies

A Memorial Brick Paver for \$100; Upon receipt of your donation request, an order information form will be sent to you. Form more information contact Dianne Tawater at 817-459-6190.

Medical services provided to cruelly treated or abused animals

Memorial Gift

Is this for a person or pet? Person Pet

Gift made in the name of: _____

How should the card be signed? _____

Where should the card be sent?

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Personal Message:

Please mail to:
Arlington Animal Services Center
1000 S.E. Green Oaks Boulevard
Arlington, Texas 76018

All donations are greatly appreciated and are tax-deductible in accordance with
Section 170 (c)(1) of the Internal Revenue Code. – *Thank You!*

