



PEPPER'S

SENIOR DOG SANCTUARY

Your donation provides senior dogs with the supplies, medical care, and safe space they need to ensure the best possible quality of life-- on their good days, bad days, and last days.

CONTACT

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company: _____ Title/Position: _____ Phone: (____) _____

Email(s): _____ Please add me to your mailing list.

GIFT INFORMATION

Please Process my Gift: One-time Monthly Quarterly

Please Process my Gift on the: 1st of the month 5th of the month 10th of the month
 15th of the month 20th of the month 25th of the month

Please process my first gift on ____/____/____(mm/dd/yyyy)

Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift ___ Anonymous Donation

In Memory/Honor of: _____

Comments: _____

PAYMENT INFORMATION

Enclosed is a voided check for my gift. Please transfer my gift from my checking account. *OR*

My credit card information is listed below for my gift. Please transfer my gift from my credit card.

Card Number _____ Expiration Date ____/____



Yes! I wish 100% of my donation amount to go to Pepper's Senior Dog Sanctuary. I would like to pay the 3% credit card or \$0.25 ACH processing fee associated with my donation.

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.psds.org or by contacting Pepper's Senior Dog Sanctuary by phone or mail. All donations provided to Pepper's Senior Dog Sanctuary comply with U.S. Law.

For Office Use Only	
\$ _____	Processing Fee Amount (3% for Credit Card gifts or \$0.25 for Checking Account gifts)
\$ _____	Total Donation Amount (required)(Donation Amount specified above + Processing Fee Amount)

Signature (Required) _____ Date _____

Please make a copy of this form for your records or you can request a copy from Pepper's Senior Dog Sanctuary.