



# DONATION FORM

Send your gift to:  
Animal Angel Aid - Federal ID# 47-2003624  
PO Box 2252 \* Centreville VA \* 20122

## Donor Information (please print or type)

Title: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Gift Frequency and Amount

Consider a monthly gift to help support pets in need throughout the year.

I pledge a total of \$\_\_\_\_\_ to be paid:  one-time  monthly

Gift Type:  check  VISA  MasterCard  American Express  Discover

Cardholder name: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Exp. Date (mm/yyyy): \_\_\_\_\_

Security Code: \_\_\_\_\_

## Honor or Remember Someone with Your Gift

When you make a gift in honor or in memory, we can notify your recipient about your thoughtful gift.

Tribute type:  in honor of a person  in honor of a pet  in memory of a person  in memory of a pet

Name of person or pet: \_\_\_\_\_

I would like to notify someone of this gift:  send an email acknowledgment  send mail acknowledgement

Recipient name: \_\_\_\_\_

Recipient's relationship: \_\_\_\_\_

Recipient email: \_\_\_\_\_

Recipient mailing address: \_\_\_\_\_

**THANK YOU for your kindness & compassion to help homeless animals. Animal Angel Aid is truly grateful**