

Donation Form

Today's Date: _____

Items Donated: _____

Monetary Donation

Amount: \$ _____ Cash Check #: _____

Would you like to designate your donation for a specific purpose?

Memorial in honor of a pet named: _____

Send acknowledgement to:

Name: _____

Address: _____

City, State, Zip: _____

Special gift (birthday, holiday, thank you, etc.) honoring _____

Donor information:

Name: _____

Address: _____

City, State, Zip: _____

Please mail your donation to: TREATS, Inc.
P.O. Box 14806
Tallahassee, FL 32317-4806