



## Pledge Form

### **PUPPY LOVE CARING CANINES INC.**

Helping disabled persons through assistance dogs.

*Puppy Love Caring Canines Inc. carries a 501© (3) tax status*

#### Donor Information (please print or type)

Name  
Billing address  
City  
State  
ZIP Code  
Telephone (home)  
Telephone (business)  
Fax  
E-Mail

#### Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_\_ cash \_\_\_\_ check

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

#### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to:

**PUPPY LOVE CARING CANINES INC.**

(651) 407-1864

(612) 308-3212 cell

**8224 165<sup>th</sup> St. No.**

**Hugo, MN 55038**

**Your contributions are tax deductible!**