

SPONSOR A LAB APPLICATION

Name_____

Address_____

City, State, Zip_____

Email Address_____

Phone Number_____

Monthly sponsorship amount \$_____

One time donation amount \$_____

Additional Comments_____

Name of dog you wish to sponsor_____

In Memory of _____

In Honor of_____

Signature _____ Date _____

SAVING ONE DOG AT A TIME....

THANK YOU SO MUCH FOR YOUR HELP AND SUPPORT!!!!!!

**We are an all-volunteer, Non-Profit 501(c)(3) organization
ALL donations are tax deductible**