

FLUVANNA SPCA

Supporting Pawsitive Pet Partnership Since 1989



DONATION FORM

Name: _____ Date: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

MONETARY DONATION

Amount: _____ (circle one): Cash Check# _____ Credit Card

Note: Every CASH donation MUST have a pre-numbered, carbon copy receipt stapled to this form.

In Memory Of: _____

In Honor Of: _____

Who Should be Notified of Donation? Name: _____

Address: _____

Donation For (circle one): General Operating Fund Spay/Neuter Fund Medical Fund

Other (explain) _____

NON-MONETARY DONATION

Description of Item(s) Donated (e.g., type, brand, quantity): _____

Estimated Value(s): _____