



## Donation Form

**Name(s)** \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Type: \_\_\_\_\_ Expires: \_\_\_\_\_ CID # (three digit code): \_\_\_\_\_

Amount of Commitment: \$ \_\_\_\_\_  
 Cash: \$ \_\_\_\_\_  
 Pledge: \$ \_\_\_\_\_  
 Amount enclosed: \$ \_\_\_\_\_  
 Balance: \$ \_\_\_\_\_

Please use my gift in the area of greatest need: \_\_\_\_\_ (check here)

Or, please designate my gift to the following grant or breed:

\_\_\_\_\_

Donor should be recognized in publications as follows:

\_\_\_\_\_

My gift is in honor or memory of: \_\_\_\_\_  
 (Honor or Memory? Canine or Human?) Please circle one of each

Please Notify:

**Name(s)** \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**Please make checks payable to:**  
 The AKC Canine Health Foundation  
 PO Box 900061, Raleigh, NC 27675-9061

Your donation is tax-deductible to the fullest extent of the law.

\_\_\_\_\_