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Every Creature Counts...

Building a Veterinary Clinic
for the Coachella Valley Animal Campus



Donor Information (please type or print)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(Home) _____

(Business) _____ (Cell) _____

Fax: _____

E-mail: _____

Donors will be recognized in campaign materials unless an anonymous gift is requested. Please use the following name(s) in all acknowledgements:

All contributions are deductible for tax purposes to the extent permitted by current law.

MY GIFT IS FOR

General Building

Named Giving Opportunity:
Please refer to the list of naming opportunities and gift amounts

Yes! Please include my/our caring support for our animal friends.

It is my/our intention to pledge a total of \$ _____ over the next _____ years (maximum pledge term of 5 years).

I/we plan to make our contribution in the form of:

Cash Check Charge

___ Enclosed is my check payable to Animal Samaritans SPCA.

Please apply the gift amount to my ___ MasterCard ___ Visa ___ Discover

Card Number: _____ Exp. Date: _____

Authorized Signature: _____

Please bill me beginning _____ and thereafter:

Monthly Quarterly Yearly

My/our gift will be matched by company/foundation/family:

 Matching form is enclosed Matching form will be forwarded

I/we will make an in-kind contribution of _____

at a market value of \$ _____

I/we would like information on including Animal Samaritans in my/our will or estate planning.

___ Beneficiary of my/our Will or Trust ___ Gift Annuity

___ Life Insurance ___ Other

