

DONATION FORM

PAWS
TO RECOGNIZE
PROGRAM

Please complete all requested information so your clients may be notified of your kindness:

Clinic/Hospital Name

Address

City, State, Zip

Phone

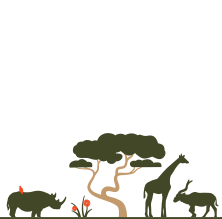
Clinic Email Address

Amount Donated \$ _____

METHOD OF PAYMENT

- Online — *fossilrim.org/paws-to-recognize*
- Check made payable to Fossil Rim Wildlife Center

Donation Amount	Pet's Name	Pet Parent's First And Last Name And Complete Mailing Address Of Recipient	Clinic Or Doctor's Name You Would Like Printed On Card	Celebration Gift	Memorial Gift



2155 COUNTY ROAD 2008 | GLEN ROSE, TX 76043
254.897.2960 | FOSSILRIM.ORG

Return completed form to Karen Adams at karena@fossilrim.org. Visit the Paws To Recognize webpage for an electronic version of this form. For more information, please call 254.898.4290. All contributions are tax-deductible. Thank you for your donation!