

ASAP's SPECIAL FUNDS, PROGRAMS AND GIVING OPPORTUNITIES

ASAP P.O. Box 357 Goleta, CA 93116-0357 www.asapcats.org

We assure you your gift will be used wisely.

ASAP Donation Form -- please return entire sheet

Yes, I want to help homeless and abandoned cats by supporting ASAP's effort to recycle lives. Please accept my donation of \$ _____ Date _____

Name _____

Address _____

City _____

State _____ Zip _____ Phone _____

Please check one: CHECK VISA MASTERCARD

Card # _____

Exp (mm/yy) _____ Name as on card _____

Signed _____



Federal Tax ID #77-0283500

For a one time gift, please indicate your giving preferences: (optional)

- | | |
|--|------------------|
| <input type="checkbox"/> General Fund for everything from advertising to surgeries | \$ _____ |
| <input type="checkbox"/> Lester Fund for extraordinary medical procedures of needy cats | \$ _____ |
| <input type="checkbox"/> Alexandra Fund for needs of senior cats | \$ _____ |
| <input type="checkbox"/> Oscar J Foster Fund for kittens placed in foster homes | \$ _____ |
| <input type="checkbox"/> Sponsor-a-Cat provides funds to care for one shelter cat | \$ <u>30.00</u> |
| <input type="checkbox"/> Super Sponsor-a-Cat provides funds to care for 12 shelter cats (1 a month) | \$ <u>360.00</u> |
| <input type="checkbox"/> Adopt a Cage your name, or in memory of, on a cage for a year. | \$ <u>350.00</u> |
| Your wording (30 letter max) _____ | \$ _____ |

For a monthly gift please indicate your giving preferences: **credit card only**

- | | |
|--|-------------------------|
| <input type="checkbox"/> Sponsor-a-Cat provides care for 12 shelter cats | \$ <u>30.00</u> per mo. |
| <input type="checkbox"/> Adopt-a-Cage your name, or in memory of, on a cage | \$ <u>29.00</u> per mo. |
| Your wording (30 letter max) _____ | |
| <input type="checkbox"/> Name preferred fund(s) _____ | \$ _____ per mo. |

Credit Card Authorization Agreement for ASAP Monthly Giving

I (we) hereby authorize Animal Shelter Assistance Program (hereinafter called ASAP), to initiate debit and/or credit entries to my (our) credit card account indicated above and, if necessary, to initiate an adjustment entry for any entry in error. If this is to be a monthly donation, the authority will remain in full force and effect until ASAP has received written notification from me (or either of us) of its termination.

Date _____ Signed _____