



[www.snarnnortheast.org](http://www.snarnnortheast.org)

P.O. Box 307 White Plains, NY 10602

[courtney@snarnnortheast.org](mailto:courtney@snarnnortheast.org)

## Donation Payment Form

**DONOR INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

**DONATION INFORMATION**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>General Donation</b><br><i>A monetary donation to go towards the general care, vetting and housing of our animals</i> | <input type="checkbox"/> <b>Community Room</b>  |
| <input type="checkbox"/> <b>Pathway to Hope</b>   | <input type="checkbox"/> <b>Maternity Ward &amp; Nursery</b>  |
| <input type="checkbox"/> <b>Fence of Fame</b>   | <input type="checkbox"/> <b>Indoor/Outdoor Kennel</b>   |
| <input type="checkbox"/> <b>Transport Van</b>   | <input type="checkbox"/> <b>Shelter Naming</b>  |
| <input type="checkbox"/> <b>Grooming Studio</b>   | <input type="checkbox"/> <b>Other</b><br><i>Good or services to help with the construction of our shelter space</i> |

AMOUNT: \_\_\_\_\_

**PAYMENT INFORMATION**

- Cash
- Check
- Credit Card

Type of Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVC Code: \_\_\_\_\_  
4 digit month/year

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

### Other ways to make a payment:

Our Website: [www.snarnnortheast.org](http://www.snarnnortheast.org)

By Mail: SNARR Northeast  
P.O. Box 307  
White Plains, NY 10602



*Thank You for your Donation!*