



KENNEL SPONSORSHIP

Charlotte Edkins Animal Adoption Center
3499 Hwy. 93 North
P.O. Box 221
Kalispell, MT 59903
406-752-7297 (PAWS)
www.hsnwmt.com

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Sponsorships are available "*in honor of*" or "*in memory of*" a special loved one or pet.
Please circle your choice below.

| <u>TYPE</u> | <u>1-MONTH</u> | <u>6-MONTHS</u> | <u>1-YEAR</u> |
|---------------------|----------------|-----------------|---------------|
| Dog Kennel | \$50 | \$175 | \$300 |
| Puppy Kennel | \$25 | \$100 | \$250 |
| Puppy Exercise Area | \$95 | \$175 | \$300 |
| Cat Kennel | \$25 | \$100 | \$250 |
| Cat Condo | \$75 | \$150 | \$275 |
| Cat Exercise Area | \$95 | \$175 | \$300 |

I would like my sponsorship to be a gift

In Honor of: _____ (or) In Memory of: _____

Please select if sponsorship is for: a _____ special person (or) _____ a special pet

Please send an acknowledgement of my gift to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Options: Check/Money Order/Credit Card

If billing a credit card, please make sure that all information provided is exactly what your credit card company has on file, otherwise your transaction will not process. Please print legibly to avoid billing errors!

Name on card: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Credit Card #: _____ Expiration Date: _____

Three digit security code from the back of your card: _____

Your signature: _____ Total amt. applied to card: _____

THANK YOU FOR YOUR SUPPORT!