

Instructions:

Please use this form if you prefer to donate by mail. Please mail this completed form with your donation to: P.A.N.T., P.O. Box 143, Salt Point, New York 12578

YOUR DONATION IS CRITICAL TO OUR ONGOING EFFORTS TO SPAY AND NEUTER HOMELESS FERAL AND STRAY CATS IN YOUR COMMUNITY. YOUR DONATION IS VERY MUCH APPRECIATED.

| Name | | | Email: | |
|------------------------------------------|--------------------------|------------------------------|------------------------------|--------------------------------|
| | | | | (optional) |
| Street | | | Phone: | |
| City/State/Zip | | | | (optional) |
| | Individual Donor \$20 _ | Individual Donor | pays to spay/neuter one cat | |
| | Other Donation: | Donations in any ar | mount are very much apprecia | ated |
| I would like to make a gift in honor of: | | Name | | |
| | | | | |
| I would like to mal | ke a memorial donation i | n memory of | | |
| | | Name: | | |
| | | | | |
| | • | monthly email updates contai | · · | twarming stories of local cats |

P.A.N.T. (working under the name The Animal Coalition Team) is recognized as a tax-exempt section 501(c)(3) organization and is registered as a charitable organization with the New York State's Office of the Attorney General, Department of Law, Charities Bureau. All contributions are tax-deductible to the extent allowed by law.