



**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Payment Method:**

Check/Cash (enclosed)

Credit Card

**Type:**  Mastercard  Visa  Discover  Amex

**Amount:** \$ \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Name as it Appears on Credit Card:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Dedication Request?**

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

**Recipient:**  Email \_\_\_\_\_

**-Or-**

Address \_\_\_\_\_

**Dedication Message:** \_\_\_\_\_

\_\_\_\_\_

We would love to know who to thank for your interest!  
How did you hear about Canine Partners for Life? \_\_\_\_\_

Please return to: **Canine Partners for Life**  
PO Box 170  
Cochranville, PA 19330

***Thank you for your gift!***

