



AHRF CONTRIBUTION FORM

Thank you in advance for your contribution to AHRF. Your donation will help further future developments in medical care and treatment of all animals.

Enclosed is my donation to AHRF in the following amount (check appropriate amount):

___\$20___\$50___\$100___\$250___\$500___\$1000 Other: \$___

___ I am interested in planned giving / charitable trusts / bequests etc.... We will contact you to assist you in planning for this option, and are grateful for your generosity.

Donor's Name: _____

Donor's Address: _____

City _____ State _____ Country _____ Zip _____

Donor's Email: _____ Donor's Phone: _____

To ensure proper crediting, please mail or fax this form with your payment. All payments must be made in US dollars drawn on a bank in the United States or with a VISA or MasterCard credit card.

Total Enclosed: \$ _____ Date of Donation: _____

Tax charged: \$0.00 (AHRF is a 501(c)3 tax-exempt organization).

___ Check enclosed. Please make checks payable to AHRF

Charge to: ___ Visa ___ MasterCard

Account #: ___/___/___/___ Card Expires: ___ CVV Code: ___

Name on Credit Card: _____

Signature of Card Holder: _____

Credit Card Billing Address (required for credit card payments):

Address _____

City _____ State _____ Country _____ Zip _____

If you are interested in planned giving/charitable trusts/bequests etc please contact Leah Basinais.

Please return this form with your donation to:

Leah Basinais
c/o AHRF
2199 Sperry Avenue
Ventura, CA 93003

Fax credit card donations to our secure E-fax: 805-830-0345

AHRF WILL SEND YOU A RECEIPT FOR TAX PURPOSES. THANK YOU.