

## Donation Form

Name(s): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

(If Applicable, the 'in memoriam' name & address: \_\_\_\_\_

### **Gift Category:**

\$ \_\_\_\_\_ GENERAL OPERATING EXPENSES (medical supplies, etc.)

\$ \_\_\_\_\_ Other \_\_\_\_\_

**\$100-500** Endowment Gift: \$ \_\_\_\_\_  
Name/Memorial on Wall of Honor: \_\_\_\_\_

**\$600**  Sponsor 11 dog spay/neuter surgeries (average cost \$56/surgery)

Sponsor 24 cat spay/neuter surgeries (average cost \$25/surgery)

**\$1,000** Choose an animal holding/recovery cage to bear your name/memorial:

Dog Recovery       Cat Recovery       Puppy/Kitten Recovery

Name/Memorial on cage plaque: \_\_\_\_\_

**\$ 5,000** Choose the clinic room to bear your name or memorial:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> <del>Surgery</del>   | <input type="checkbox"/> Prep Room                          | <input type="checkbox"/> Cat Recovery                                 |
| <input checked="" type="checkbox"/> <del>Exam Room</del> | <input checked="" type="checkbox"/> <del>Dog Recovery</del> | <input checked="" type="checkbox"/> <del>Puppy/Kitten Recovery</del>  |
| <input type="checkbox"/> Vet Office                      | <input checked="" type="checkbox"/> <del>Boutique</del>     | <input checked="" type="checkbox"/> <del>Ed./Outreach Classroom</del> |
| <input type="checkbox"/> Medical Supply                  | <input type="checkbox"/> Utility/Laundry                    | <input type="checkbox"/> Clinic Director's Office                     |
| <input type="checkbox"/> Reception/Check-in Area         |   |   |

Name/Memorial on wall plaque: \_\_\_\_\_

**Please make your tax deductible check payable to: Spay Neuter Clinic or**

**Visa**       **MasterCard**       **Card Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**American Express**       **Signature:** \_\_\_\_\_

**Return form to:** Endowment Campaign  
Mercy Crusade's Spay Neuter Clinic  
2252 Craig Drive, Oxnard, CA 93036  
**Telephone:** 805/278-4433      FAX: 805/278-4436

E-mail: [vcspayneuter@aol.com](mailto:vcspayneuter@aol.com)