

Rochester Hope for Pets

Name:		Date:	
Address:			
City:		State:	Zip:
Phone:	Ema	il:	
Matching G	ift Company (if applicable): _		
□ I wou	uld like my gift to remain anony	rmous	
Gift Amoun	nt: \$		
Payment Me	ethod		
□ Cash	า		
□ Chec	ck (payable to Rochester Hope	for Pets)	
□ Cred	lit Card Card Type	e (circle): VISA / MASTER	RCARD / DISCOVER
Account	t #	Exp. Date:	Zip Code:
Signatu	re:		
To give to a	a specific fund, choose from	the options below:	
□ Orga	Organization's greatest need		
□ Spay	Spay it Forward for spay/neuter of pets from low-income households		
□ Spec	Specific veterinary hospital (name):		
□ Othe	er (please specify):		
To make yo	our gift in honor or memory o	of a person or pet, indic	ate below:
□ in me	emory or \square in honor of (\square perso	on or □ pet):	
Please notify	y the following of my gift (name	e and address):	
Mail Checks	s to:		
Rochester H	Hope for Pets		

2816 Monroe Avenue

Rochester, NY 14618