



Therapet

PLEASE RETURN YOUR SIGNED PLEDGE FORM TO:
THERAPET • P.O. BOX 130118 • TYLER, TX 75713
PHONE: (903) 535-2125



Therapet's mission is to utilize specially trained and certified animals to promote health, hope and healing.

THERAPET CIRCLE OF CHAMPIONS

HEALING PAWS SOCIETY

\$10,000 or MORE



DIAMOND PAWS

\$5,000-\$9,999



PLATINUM PAWS

\$2,500-\$4,999



GOLD PAWS

\$1,000-\$2,499



SILVER PAWS

\$500-\$999



ALL THERAPET CIRCLE OF CHAMPIONS DONORS WILL BE HONORED AT AN ANNUAL DONOR REGONITION RECEPTION.

AMBASSADORS \$250-\$499

PATRONS \$100-\$249

FRIENDS UP TO \$99

4 WAYS TO GIVE

DONATE ONLINE www.therapet.com

MAIL IN A CHECK (see below)

FAX PLEDGE FORM - 903-535-2037

CREDIT/DEBIT CARD

PLEDGE AMOUNT:

DONOR'S NAME AS IT SHOULD APPEAR FOR DONOR RECOGNITION (please print or type):

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

CREDIT/DEBIT CARD NUMBER: _____ EXP: MO _____ YR _____ SEC CODE: _____
(address must match card billing information as listed)

PRINT NAME AS IT APPEARS ON CARD: _____

(PROVIDE SIGNATURE AT BOTTOM OF PAGE.)

____ PROCESS IMMEDIATELY OR ____ PROCESS IN (MO) _____, 2012

____ PROCESS MONTHLY IN THE AMOUNT OF \$ _____ FROM _____, 2012 UNTIL _____, 2012



CHECK MAKE CHECK PAYABLE TO: THERAPET

____ FULL PAYMENT IS ENCLOSED OR ____ BILL ME IN _____, 2012

____ BILL ME MONTHLY IN THE AMOUNT OF \$ _____ FROM _____, 2012 UNTIL _____, 2012

IN HONOR _____ IN MEMORY _____ OF: _____

ACKNOWLEDGMENT TO: NAME _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

DONOR'S SIGNATURE: _____ DATE: _____