



Gift Registration Form

Hospital Name _____

Address _____

City _____ State/Province _____ Zip/PC _____

Practice Contact Name _____

Phone _____

Email address _____

Please **type** or **print legibly**. Please indicate Dr., Mr., Mrs., Ms.

Client Name	Address	City	ST/ Prov.	ZIP/PC	Honoree	Occasion	Gift Amt.
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	
					Name _____ __ Pet __ Person	__ Memorial __ New Pet Welcome __ Other:	

Choose one:

- My check is enclosed, made payable to the AAHA Helping Pets Fund.
- Charge my credit card # _____ Exp. Date _____ Name on Card: _____
Card type: Visa MasterCard American Express Discover Auth. Signature _____
- Please use the credit card number you have on file for my practice (signature required above).

Total Gift Amount \$ _____

Please send completed forms to: AAHA Helping Pets Fund, 12575 W. Bayaud Avenue, Lakewood, CO 80228, or via fax at 720/963-4404.

Your practice will receive a quarterly activity statement. Please retain a copy of completed Gift Registration forms for your records.

Thank you for helping pets in need!