



**Thank you** for becoming a member of the Paw Print Club! We are so glad you are joining us on our journey to create a humane community supporting the human and animal bond by being a resource through rescue, adoption, intervention, education, and outreach.

The Gold Paw level is a one-time \$10,000 donation or payable over three years. The first \$3,334 payment is due with the sponsorship form. The second and third payments are due each consecutive membership year.

Please mail this completed form along with your check payable to Pets Alive for your three-year subscription to the Paw Print Club – Gold Paw.

Mail to:  
Pets Alive  
Attn: Paw Print Club  
363 Derby Road, Middletown, NY 10940



Please provide us with the following information for your Gold Paw membership.

Name or Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

I wish to pay by credit card. Please call me at \_\_\_\_\_

Please indicate your planned payment schedule, amount, and dates.  
Please note the initial payment of \$3,334 is required.

Payment 1 \_\_\_\_\_

Payment 2 \_\_\_\_\_ Date to be paid \_\_\_\_\_

Payment 3 \_\_\_\_\_ Date to be paid \_\_\_\_\_

How would you like the plaque inscribed? The first line will be "In Memory of" or "In Honor of" and the second line will have the name of the person, family, or pet you are honoring. Inscriptions can be up to 20 characters (this includes spaces)

Choose one:      In Memory of \_\_\_\_\_      In Honor of \_\_\_\_\_

If this is in **Memory** of a loved one, please provide us with their name and the name and address of the person or family if any that should be notified of this donation.

Name in Memory of \_\_\_\_\_ (exactly how you would like it on the plaque)

Person/family to be notified (if any) \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If this is in **Honor** of a loved one, please provide us with their name and the name and address of the person or family if any that should be notified of this donation.

Name in Honor of \_\_\_\_\_ (exactly how you would like it on the plaque)

Person/family to be notified (if any) \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Questions or want more information email us at [Lisa.Weisbrod@petsalive.org](mailto:Lisa.Weisbrod@petsalive.org) or call 845-814-8178.

