



**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 Silver Paw level is a one-time \$5,000 donation or payable over two years. The first \$2,500 payment is due with the sponsorship form. The second \$2,500 payment is due the following membership year.

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

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



Please provide us with the following information for your Silver 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 an initial payment of \$2,500 is required.

Payment 1 \_\_\_\_\_ Payment 2 \_\_\_\_\_ 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.

