

Paws and Claws Humane Society Guardian Angel Sponsorship Form

_____ Yes, I want to be a *Guardian Angel*

_____ Yes, I want to give a gift of a *Guardian Angel Sponsorship*

_____ Ongoing _____ One year only

_____ I prefer a cat _____ I prefer a dog _____ Either

_____ *Enclosed is \$120 for one year*

_____ *Enclosed is \$10 for the first month*

My Name: _____

My Address: _____

City/State/Zip: _____

Phone: _____

Email (optional): _____

Name of My Friend/Relative Receiving the Gift of Sponsorship:

Their Address: _____

City/State/Zip: _____

Phone: _____

Email (optional): _____

Mail this form with your check made payable to:
Paws and Claws Humane Society
3224 19th Street NW
Rochester, Minnesota, 55901