



ALPHA Canine Sanctuary

DONATION FORM

Name: _____
Address: _____
City & State: _____
Zip: _____
Phone: _____
Email: _____

- Monthly Partner Pledge
- One-Time Gift
- Spay/Neuter Assistance Program
- Sanctuary expense and upkeep
- Wherever it is most needed

PLEASE COMPLETE THIS FORM AND MAIL IT TO:

**ALPHA Canine Sanctuary
P.O. Box 5517
Bakersfield, CA 93388**

We sincerely thank you for your generous donation!

Visit us on the web at ALPHACanines.org