

# Donation Form

Today's Date: \_\_\_\_\_

**Items Donated:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Monetary Donation

Amount: \$ \_\_\_\_\_  Cash  Check #: \_\_\_\_\_

Would you like to designate your donation for a specific purpose?  
\_\_\_\_\_  
\_\_\_\_\_

Memorial in honor of a pet named: \_\_\_\_\_

## Send acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Special gift (birthday, holiday, thank you, etc.) honoring \_\_\_\_\_

## Donor information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please mail your donation to: TREATS, Inc.  
P.O. Box 14806  
Tallahassee, FL 32317-4806