



# MAIL IN DONATION FORM

Name of Donor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

## Designate a Program

If you would like to specify a program to receive your donation, please indicate which program below.

Spay Neuter Assistance (SNAP) \_\_\_\_\_

Foster Care Program \_\_\_\_\_

Rescue Assistance Program (RAP) \_\_\_\_\_

Community Education \_\_\_\_\_

Animal Care and Adoption Center  
(ACAC) Vaccination and Medication \_\_\_\_\_

Mail To:  
Texarkana Animal League  
P.O. Box 6166  
Texarkana, TX 75505