



Bobbi and the Strays Sponsorship Form

Become a Bobbi's Pet Guardian

Make a difference in the life of a homeless cat or dog

A monthly contribution of a minimum of \$20 is suggested, however, any monthly amount is appreciated. This contribution will help us with the food, shelter and medical care needed by the cats and dogs waiting for new homes. If you wish, it can be used for the needs of a specific cat or dog of your choice. Visit www.BobbiAndTheStrays.org to see photos and descriptions of our animal friends in need.

Sponsorship lasts for one year (12 months), and will continue beyond this time only with the sponsor's direct request with a new sponsorship form. Contributions are tax deductible as allowed by law. Bobbi and the Strays is a 501(3)(c) non-profit organization.

As a sponsor, you will receive notice of our ongoing news and events during the year. If you sponsor a dog or cat you will also receive regular updates about your sponsored pet. And most importantly, you will receive the satisfaction of knowing that you are helping a homeless animal in their time of greatest need.

To sponsor, please print this form, complete, then mail to: Bobbi and the Strays, P.O. Box 170129, Ozone Park, NY 11417. You may also drop this form off in person at our Adoption Center at the Shops at Atlas Park Mall.

Yes! I want to become a monthly sponsor of Bobbi and the Strays.

(optional) in memory of in honor of _____

(please choose one option)

Please use my monthly donation for whatever is most needed or required.

I want to sponsor a particular homeless animal on a monthly basis:

Cat Dog Sponsored Animal's Name: _____

I want to sponsor a special program on a monthly basis:

spay/neuter program general & emergency medical feed a stray program - dog/cat food

Sponsorship Start Date: _____ (date sponsorship to begin – it will last 12 months from this point onward)

Email address _____ Phone # _____

I wish to sponsor via the following method: (please choose one)

Please put my monthly contribution of \$ _____ on my credit card:

Note: all information is required

Visa MasterCard American Express Discover Diners Club

Card number _____ Expiration Date _____

Signature _____ Name as it appears on card _____

Address _____ City/State/Zip _____

I wish to sponsor via a monthly check/money order in the amount of \$ _____.

My first check is enclosed.