



# Bobbi and the Strays Sponsorship Form

## Become a Bobbi's Pet Guardian

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

### ***Sponsorship of a needy 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 specific needs of a cat or dog of your choice. Visit [www.BobbiAndTheStrays.org](http://www.BobbiAndTheStrays.org) to see photos and descriptions of our animal friends in need. Sponsorship lasts for one year, 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. You will also receive regular updates about your sponsored pet or program. 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 a cat or dog:***

Please print this form, complete and sign, then mail it 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 or our Shelter in Freeport, Long Island. Please note that a credit card is required to participate in the monthly program.

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Yes! I want to become a monthly sponsor of Bobbi and the Strays. (please choose one)

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

(optional) Sponsorship:  in memory of  in honor of \_\_\_\_\_

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

Cat  Dog Sponsored Animal's Name: \_\_\_\_\_

(optional) Sponsorship:  in memory of  in honor of \_\_\_\_\_

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

spay/neuter  general & emergency medical  vaccinations/testing  food

(optional) Sponsorship:  in memory of  in honor of \_\_\_\_\_

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

*Note: all information is required*

Visa  MasterCard  American Express

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Name as it appears on card \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone # \_\_\_\_\_

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I can't sponsor at this time, but would like to show my support with the enclosed check or money order for \$ \_\_\_\_\_.

For additional information about becoming a Bobbi's Pet Guardian, please call either 718-326-6070 or 516-378-4340, or email [sponsor@bobbicares.org](mailto:sponsor@bobbicares.org). Visit our website to learn more about the cats and dogs currently in need of sponsorship and adoption at [www.BobbiAndTheStrays.org](http://www.BobbiAndTheStrays.org)