



DONATION TRANSMITTAL FORM

Enclose this form with your donation(s) to help us correctly acknowledge your generosity and support. Here's how:

1. Fill out this form completely.
2. Use one form per school, group or individual. If using multiple forms, contact details on each form must be identical.
3. Make checks/money orders payable to the **TOTFHP Fund** and send this form and all checks, money orders, and/or cash together to **TOTFHP Fund**: 2211 Kinclair Drive, Pasadena, CA 91107

- INDIVIDUAL:** I participated in the 2011 Trick-or-Treat for Homeless Pets Campaign as an INDIVIDUAL.
- SCHOOL OR GROUP:** We participated in the 2011 Trick-or-Treat for Homeless Pets Campaign as a School or Group.
 How many children under 18 years participated in your activities? (please provide number) _____
 Is this donation a result of a fundraising event or activity, such as a Halloween party, Fall Festival Celebration, bake sale, car wash, or other similar event?
 - Yes,** and _____ people attended the event or activity. (please provide number of attendees)
 - No,** we conducted our campaign through collecting coins using the Trick-or-Treat for Homeless Pets boxes and canisters.
 - Other.** (Please describe) _____

CONTACT DETAILS:

Official School/Group Name (no abbreviations) _____

Official School/Group Address: _____

Contact First/Last Name: _____

Contact Title: _____

Contact Address: _____

Phone: _____ Email: _____

DONATION DETAILS:

Note: For credit card payments, please go to www.tot4hp.org

Check/Money Order Number: _____ Amount: \$ _____

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TOTAL AMOUNT to be credited to this donation: \$ _____

You may designate to your favorite shelter or rescue group, or we'll divide up money raised between Los Angeles Animal Services, Los Angeles County Animal Care and Control Foundation, and our participating partner rescue groups.

- I/We designate that our donation go to: _____
- Please divide our donation between the recipients.
- If you have additional donation details or special instructions, please check this box and use reverse side of this form.

- I'd like to know more about the Monthly Giving Program.
- Please sign me up to receive your FREE E-Newsletter. My e-mail address is: _____

Visit www.tot4hp.org
to donate online.

