



Shelter / Rescue

Shelter/Rescue Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

Contact Person: _____

Fundraising Period _____

How long have you been rescuing animals?

Approximately how many animals does your organization rescue each year?

Are you a 501c(3) or otherwise designated as a non-profit/charitable organization?
(Please provide a copy of your non-profit/charitable organization designation letter with this form)

By signing below you are confirming that the information provided above is true and correct. You are also indicating that your organization is dedicated to rescuing, rehabilitating and re-homing animals and are not considered a “kill” facility/organization).

Authorized Signature _____

Print Name _____

Date _____