



In Memoriam Donation

This donation is in memory of:

Donation Amount: \$25 \$50 \$100 Other \$_____

Donor's Name: _____ Donor's Phone: _____

Donor's Address: _____

I have enclosed a cheque/money order payable to Beagle Paws.

Please charge my credit card with the above donation amount

Visa MasterCard Amex

Card no. _____ Expiry: _____

Please send in acknowledgement to:

Name: _____

Address: _____

Beagle Paws
PO Box 28164
St. John's, NL
A1B 4J8
Canada

Fax: 709-747-0327

Ph: 709-738-7297 www.beaglepaws.com

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