Portage Animal Protective League Mail-In Donation Form

Please complete as much of this form as possible. If you have any questions, feel free to call the Portage APL at 330-296-4022 or email questions to info@portageapl.org. Thank you for caring about the animals!

Please print this page and, when completed, mail it to: Portage Animal Protective League PO Box 927 Ravenna, OH 44266

Yes! I want to help further the mi	ssion of the Portage APL! Here is	my/our tax-deductible gift in t	he amount of \$
Title: Mr Ms Mrs M	liss Dr Prof Rev Oth	er	
Name:			
Suffix: M.D Ph.D J.D Es	sq M.S.W Other		
Address:			
City:	State:	Zip:	
Home Phone:	Alternative Pho	one:	
Email:			
☐ You may list my name as a dor☐ Please list me as "Anonymous.			
☐ My check payable to "Portage			
☐ Please charge my: ☐ MasterC		merican Express	
Card Number:			
Expiration date://			
Security code: (3-digit n	umber on the back of card)		
My gift is:			
☐ in honor of			
Please send a letter announcing t	his gift (but without its amount) t	to:	
Name:			
Address:			
City: State	e: Zip:		
Disconding at your office			
Please direct my gift: Where the need is greatest			
☐ For cat care			
☐ For dog care			
☐ Animal cruelty cases			
☐ Medical fund			
☐ Spay/Neuter fund			