AAPS SPECIAL GIFT SCHEME

If you can help, please complete the lower part of this pamphlet by TICKING THE APPROPRIATE ALTERNATIVE, and by CLEARLY PRINTING any written details, and return it to Pat at AAPS

Name and address of Donor/s:

Mrs/Ms/Miss/Mr/Dr............................................................ Telephone ............... Address:............................................................................................ Telephone ..........................
............................................................................................................ Postcode    ..................

I / We would like to participate in the AAPS’s special gift scheme by donating money for the purpose chosen from the following list:

- $10 provide food and water for a bird or animal for one week
- $15 sponsor a dog or cat pen (cost of food and care of the animal) for one week.
- $15 provide one year’s membership of AAPS for a person under 18 years old or for a pensioner.
- $25 provide one year’s regular membership of AAPS
- $30 microchip an animal
- $30 vaccinate a rabbit
- $40 de-sex a rabbit
- $60 vaccinate a dog
- $60 de-sex a cat
- $60 sponsor a dog or cat pen for one month
- $120 de-sex a dog
- $350 sponsor a dog or cat pen for six months
- $30 sponsor a dog or cat pen for two weeks
- $45 vaccinate a cat or kitten

This is a Christmas gift / birthday gift / bereavement / other ..................Date of special event (day and month) ...............This gift is for ...............................................................(friend, brother, sister-in-law, etc).......................

Address:...............................................................................................
............................................................................................................
...................................................................... Postcode    ..........

NOTE: To make sure that details of the gift reach the recipient in time, please make sure your donation and details of the selected gift reach the Shelter at least two weeks before the date, thank you.

Please accept payment by: CASH (only if paying in person) / CHEQUE / CREDIT CARD  amount: $.........................

CREDIT CARD TYPE (please tick)
- Bankcard  - Visa  - MasterCard  - Other .......................

Card number


Expiry Date: ......./......./......... Name on card: ........................................ Signature: ........................................

If you require a receipt, please include a stamped self-addressed envelope. This adds to the value of your gift to the animals.