

**Friends of Felines, Inc.**

**P. O. Box 8147**

**Stamford, CT 06905**

**Yes**, I’d like to make a difference in the lives of homeless cats!

My donation is enclosed. (Please check appropriate box)

* $500 — Pays for major medical procedures
* $300 — Pays for rescuing 1 kitten
* $200 — Pays for Trap-Neuter-Return of 1 community cat
* $100 — Pays for major medical testing
* $50 — Pays for medication
* $25 — Pays for 2 cases of food for local community cats
* $10 — Pays for 1 microchip
* $\_\_\_\_ — Gift in memory of \_\_\_\_\_\_\_\_\_\_\_ (for cats or people)
* $\_\_\_\_ — Gift in honor of \_\_\_\_\_\_\_\_\_\_\_ (for cats or people)
* Other amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please specify)
* I’m also interested in fostering
* I’m also interested in volunteering

My Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o I agree to receive electronic communications regarding FOF activities

My Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_