

Paws-a-tive
Giving Request & Application

All American Pet Resort Name: _____

Owner/Manager Recommending the Charity: _____

Name of Event: _____ Date: _____

Descriptions of Event: _____

Name of Charity or Non-Profit: _____

501 (c) 3 Number: _____ Federal ID _____

Describe how this organization works to protect of abandoned, abused and/or injured animals. _

Describe how this organization helps eradicate the need for euthanasia of adoptable animals. ____

Describe how this organization maintains self-sufficiency. _____

Describe how this organization promotes responsible pet ownership. _____

How does this organization support legislation and regulatory changes that benefit animals? ____

What else would you like to say about this organization? _____

Describe the relationship that the pet resort has with the organization. _____

Amount Requested _____ Date Needed _____

Signature Owner/Manager

Date