



DONATION MADE IN HONOR OF Elizabeth Sneed

☐ **PERSONAL DONATION MADE IN THE AMOUNT
OF _____!**

☐ **BUSINESS OR ORGANIZATION DONATION MADE IN THE
AMOUNT OF _____!**

☐ **BUSINESS CONTRIBUTION! OUR BUSINESS,
ORGANIZATION, OR GROUP IS DONATING THE FOLLOWING
GOODS OR SERVICES:**

NAME: _____ **PHONE:** _____

BUSINESS NAME: _____

ADDRESS: _____

MAKE CHECKS PAYABLE TO 4 PAWS FOR ABILITY

Put the child's name on the memo line.

Donations for specific children may not be deductible.

4 Paws For Ability, Inc. a non-profit agency taking the 'dis' out of disABILITY!
253 Dayton Ave, Xenia, Ohio 45385 (937)374-0385 or karen4paws@aol.com
www.4pawsforability.org