








## Monthly Giving Form

To complete this form electronically, use the "tab" key to move to each field.

### Contributor Information

-  Name:
-  Address:
-  City, State, Zip:
-  Phone:
-  E-mail:

### Monthly Contribution

-  Monthly Amount:

Print and mail with check to: Partners for Paws  
PO Box 282  
Circleville, OH 43113