

Matching Gift Form



Power Paws Assistance Dogs

Our mission is to provide highly skilled assistance dogs to people with disabilities, education and continuing support for working assistance dog teams, and to be a resource in the community for people with disabilities.

Donor Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Donor Information

Enclosed is a donation of \$_____ to be paid: now monthly quarterly yearly.

This contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to:

Power Paws Assistance Dogs
Development Department
1201 North 85th Place, Suite B101
Scottsdale, AZ 85257