

Poppy Foundation Sponsorship Program

Date _____

Name _____

Address _____

Email address _____

Telephone _____

Name of cat you would like to sponsor _____

(or in memory of)

Month to month _____ Annual _____ One time _____

Amount _____

Method of payment _____

We will be happy to automatically deduct your donation each month from one of the following credit/debit cards.

(ALL FINANCIAL INFORMATION WILL BE STRICTLY CONFIDENTIAL.)

Visa MC AMEX DISCOVER _____

Card # _____ Exp Date _____

CVS# _____

Billing address _____

(Leave blank if same as above)

I authorize The Poppy Foundation to deduct my monthly donation of \$ _____ until further notice.

Signature _____ Date _____

100% of your donation goes to the care of The Poppy Cats. Thank you!