



★ **AHEPA** ★

Service Dogs for Warriors
Dedicated to empowering the lives of our veterans fighting with
PTSD
SPONSORSHIP FOR A SERVICE DOG



Date: _____ **Please complete all information on this form** Person completing form: _____
 First Name: _____ Last Name: _____ Phone #: _____
 Address: _____ City/Town: _____ State: _____ Zip Code: _____
 Email: _____ Tel: _____

Private Donation Organization Organization Name: _____
 Chapter Name (if applicable): _____ No.: _____ District No.: _____
 Organization Address: _____ City/Town: _____ State: _____ Zip Code: _____

Please complete the section below and use a separate form for each dog.
 Five thousand dollars (\$5,000.00) entitles you to select the Name of the Service Dog and gender.
 Name of Dog: _____ Preference Male Or Female Dog: _____

A Sponsorship for a Service Dog is \$5,000.00. Please complete if paying by check.
 Ck#: _____ Date: _____ Amt. Enclosed: \$ _____

Sponsorship of an AHEPA Service Dog may be paid in full or pledged and paid over a 2-year period.

Total amount you will pledge or one time donation \$ _____
 Sponsorship Payments of \$ _____ per Month Quarter Semi-Annual

Please complete BOX A for all donations

Dogs are named when final sponsorship payment is made.

Please give the reason (s) for the name of the Service Dog you have chosen.
 Please use a separate piece of paper if more space is needed.

Contact information: Please add additional person (s) contact information:

Name: _____ Tel: _____ Email: _____
 Name: _____ Tel: _____ Email: _____

Please email a copy of this form to asdwservicesecretary@gmail.com
Or Mail Along With Your Check To: ASDW- PO Box 100, Bayville, NJ 08721

Date form and check received at ASDW _____ / _____ / _____

Contact Chairperson George 732-610-6622 ~ Email contact@ahempa-servicedogs.org
www.ahempa-servicedogs.org ~ We are a 501(c)(3) organization ~ Our tax identification # 81-3775269
This form is to be used for donations/sponsorships