



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 # _____
Person completing form

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 completed sponsor form to asdw.secretary@gmail.com

or mail completed form to: ASDW Secretary, 86 Chain Blvd, Bayville, NJ 08721

Mail Your Check To: ASDW 24 Longfellow Terr. Morganville, NJ 07751 ATT: George Karatzia

Contact Chairperson George Karatziz: 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

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