

**Yes!** I want to help **Therapy Pet Pals of Texas**  
provide “unconditional” love to the elderly and ill in healthcare facilities!

**Enclosed is a check for:** \$ \_\_\_\_\_

**Donor information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_

**This gift is given:** (optional)

In **Memory of:** \_\_\_\_\_

Relationship/comment \_\_\_\_\_

In **Honor of:** \_\_\_\_\_

For the occasion of \_\_\_\_\_

**Person(s) to be notified of donation:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_



Please make checks payable to **Therapy Pet Pals of Texas, Inc.**

Mail completed form and check to:

**TPPT, 3930 Bee Cave Road, Suite C, Austin, TX 78746**

*Sorry, we cannot accept credit cards.*

*Your gift is tax deductible to the extent allowed by law.*