

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.