

# Sheltie Rescue of Central Indiana, Inc.

## Sponsor-A-Sheltie Form

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email Address \_\_\_\_\_ Email checked daily:  Yes,  No

I would like to donate the following amount to assist with a Shelties medical care:

\$25.00  \$50.00

\$100.00  \$500.00

Other: \_\_\_\_\_

I am making a general donation to the Sponsor-A-Sheltie Program. Please use my donation for whichever Sheltie needs the help the most.

Rather than making a general donation to sponsor, I would like to assist with the specific care of 1 Sheltie. Please contact me to tell me more about the Shelties that need my help.

I have corresponded with the Sponsor-A-Sheltie Coordinator and I would like to assist with the care of:

Sheltie's Name \_\_\_\_\_

Mail your completed sponsor form along with your donation to SRCI Sponsor-A-Sheltie Program, P.O. Box 199046, Indianapolis, IN 46219