



I'd like to help  
Colorado Beagle  
Rescue, Inc.

Colorado Beagle Rescue, Inc.

PO Box 17768  
Denver CO 80217-0768

303-464-9403  
www.ColoradoBeagleRescue.org

Enclosed is my tax-deductible donation of:

\_\_\_ \$5.00    \_\_\_ \$10.00    \_\_\_ \$25.00    \_\_\_ \$50.00    \_\_\_ \$100.00    \_\_\_ \$200.00    \_\_\_ Other

**Please print all information.**

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

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this completed form and your check payable to Colorado Beagle Rescue Inc to:  
Colorado Beagle Rescue, Inc.  
PO Box 17768  
Denver CO 80217-0768

If your company or place of business has a matching donation program, please ask that this donation be matched.

Your generous donation will be used for spaying/neutering, vaccinations, emergency veterinary care, information packets for new guardians, dog tags, office supplies, and postage.

Your cancelled check is your receipt.

Thank you for your donation and your continued support of CBR.

If this donation is for an individual's birthday, anniversary, etc. include the individual's name and address. If it is in memory of an individual, include the name and address of the individual's family or estate. If it is in memory of a pet, include the pet's name and the family's name.

Pet's Name (if needed): \_\_\_\_\_

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

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

City, State, and Zip: \_\_\_\_\_