



MAIL IN DONATION FORM

Name of Donor _____

Address _____

City _____ State _____ Zip Code _____

Cell Number _____ E-mail _____

Amount Donated: _____ Date: _____

Designate a Program: If you would like to specify a program to receive your donation, please indicate which program below.

Spay Neuter Assistance (SNAP) _____

Foster Care/Adoption Program _____ Dog _____ Cat _____

Community Assistance _____

Community Education _____

Other (whatever is greatest need) _____

Memorials/Honorariums:

In Honor of _____

In Memory of _____

Please send acknowledgement to: _____

Address: _____

Mail check and form to:
Texarkana Animal League
5820 Richmond Road
Texarkana, TX 75503

Texarkana Animal League is a 501-© 3 non-profit organization.
www.texarkanaanimalleague.rescuegroups.org
info@texarkanaanimalleague.org
1-877-525-8725

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