



SHELTIE RESCUE OF CENTRAL INDIANA, INC.

Sponsor A Sheltie Form

DATE: NAME:

ADDRESS:

CITY: STATE: ZIP CODE

PHONE: CELL:

EMAIL: EMAIL CHECKED DAILEY?

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

\$25.00

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

\$50.00

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

\$100.00

\$500.00

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

Other amount

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