



Shelter Address:
1527 Route 136
Eighty Four, PA 15330

Mailing Address:
P.O. Box 66
Eighty-Four, PA 15330
724-222-PETS (7387)

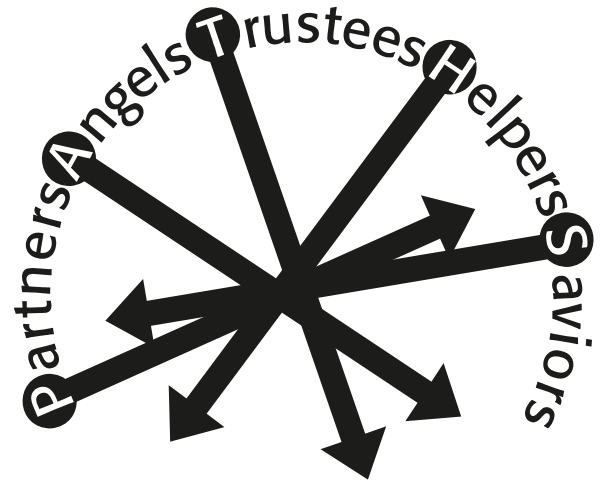
washingtonpashelter.org

WAHS is a No-kill Shelter, Funded by Private Contributions.

Partners, Angels, Trustees, Helpers, Saviors
**P.A.T.H.S. ...to a better home
for our rescued animals**

We are asking all dedicated animal lovers to take it upon themselves to assure that the basic needs (i.e. utilities, cleaning products, insurance, medicine, etc.) at the shelter are able to be funded on a monthly basis, especially during the slow periods when donations are scarce. If we can be assured of a steady income on a monthly basis for routine monthly expenses, it may be easier to make the necessary changes and badly needed repairs with our other fundraisers.

We appreciate all volunteers who can help us with our fundraisers; however we know that many of you do not have the time or are unable to attend, but would like to be a part of our fundraising efforts. This is a way you can help by just putting a check in the envelope we send you monthly, and mailing it back to us you will be a great part of our fundraisings.



We will send out pre-paid envelopes monthly and you can put your **monthly pledge of as little as \$5.00 (whatever you are comfortable to pledge)** in the envelope and mail it back.

I, _____, pledge to send \$ _____ per month to the Washington Area Humane Society's P.A.T.H.S. Program. My first envelope will be mailed to me the last week of the month in which I enroll. I will mail it back as soon as possible. If at any time, I would like to stop my tax-deductible donation, I will contact the Washington Area Humane Society @ 724-229-0404.

Name: _____ Phone: _____

Address: _____

City, State, Zip _____

Signature: _____ Date: _____

_____ I will put a stamp on my return "Pledge" envelope to save the mailing cost.

I'm not ready to join PATHS at this time but would like to contribute \$ _____ to help the animals at WAHS

_____ Check Enclosed _____ Charge My Credit Card

Charge Card Type _____ Account Number _____

Name on Account _____ Expiration Date _____ / _____

User Code (last 3 digit son back of credit card) _____ Signature _____