

Sponsoring a kennel provides a great opportunity for families, community groups, organizations and companies to make sure our homeless animals have the best care and stay at the shelter.

Stepping through our doors can be a confusing and frightening moment for a homeless animal, but it also signals the first step on their journey to a loving, permanent home. Sponsorship donations provide the shelter, kennel needs, basic veterinary care and vaccines for our animals.

A personalized plaque will display your generosity for an entire year and is a great way to publicly show your commitment to helping homeless animals in our community.

Please note: If you work for a company that matches your gift, you can double the amount of your contribution or use it to help you reach a sponsorship level. For example, your gift of \$250 combined with your company match of \$250 can bring you to the \$500 sponsorship level.

If you have questions about kennel sponsorship, call us at 320-252-0896.

*TCHS has the right to deny any sponsorship deemed inappropriate.



YOUR KENNEL SPONSORSHIP:

- ☐ Small Plaque 1.25" x 3.5" **\$300** ☐ Cat ☐ Dog ☐ No preference
☐ Large Plaque 3" x 3.25" **\$500** ☐ Dog only

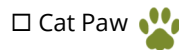
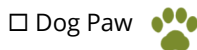
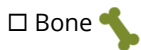
Line 1: ☐ This kennel is sponsored by: ☐ This kennel is in memory of: ☐ This kennel is in honor of:

Line 2: Name or Company: _____ Font **Eras Bold** for all

Line 3 Text: _____ Font ☐ Myriad or ☐ *Rage Italic*

Line 4 Text: _____ Font ☐ Myriad or ☐ *Rage Italic*
(large plaque only)

Optional Image:



PAYMENT & AUTHORIZATION:

Payment in full payable to Tri-County Humane Society. TCHS is a 501©3 nonprofit. Contributions are fully tax deductible as permitted by law.

Name: _____ **Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

☐ I authorize TCHS to use my sponsorship information as recognition on the TCHS website, social media pages and marketing materials.

Form of Payment: ☐ Cash ☐ Check ☐ Visa/MasterCard/Discover

Credit Card _____ **CVV:** _____ **Exp. Date:** _____

Signature: _____ **Date:** _____

☐ I authorize TCHS to have the stated charges applied to the above credit, debit or other card account.

For office use:

Sponsorship Renewal Date: _____ Sponsorship Good Through: _____ Arrow direction: L R Logo? YES NO
NOTES: