



ABRL CONTRIBUTION FORM

Date: _____

Fill out and send this form (or a reasonable facsimile) with a **check** made payable to **ABRL** to:

American Bouvier Rescue League
c/o Deborah Abeles
P. O. Box 689
Cheshire, MA 01225

If more information is needed, please call **413-743-4084**
or email **Donations@ABRL.org**

Contribution categories:

- \$ up to \$ 9: Friend
- \$10 - \$ 24: Subscriber
- \$ 25 - \$ 49: Supporter*
- \$ 50 - \$ 99: Angel
- \$100 and up: Guardian Angel

Your NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

*Note – if this is a contribution for renewal and if address, phone, and email address have not changed, it is not necessary to fill out that information. Name is **required** in all cases.*

Amount Enclosed: _____ I am enclosing/will send my employer’s matching gift form _____

(If desired, check one and enter information on the line below) In Honor of _____ In Memory of _____

This contribution is: (Check one) A **New** Contribution _____ A **Renewal** _____ An **additional** Contribution _____