____ I would like to sponsor 1 procedure $ 60

____ I would like to sponsor 2 procedures $120

____ I would like to sponsor 5 procedures $300

____ I would like to sponsor 10 procedures $600

____ I would like to donate $_____ toward the Sponsor A Spay Program.

NAME EMAIL

ADDRESS CITY/STATE ZIP CODE

Please make checks payable to PAWS of NE Louisiana.

PAWS is a registered 501(c)(3) charitable organization; your contributions are tax-deductible.

Thank you for being a part of the solution!

May we publish your name to the SAS Angel list? Yes_____ No _____ (Anonymous listing)

Visit www.pawsnela.org to track the impact of your sponsorship.