



Date _____

Initials _____

Entered in SK _____

Date

First Name Last Name

Street

City State Zip

Email

Phone

\$10 \$25 \$50 \$100

\$250 \$500 Other \$ _____

Payment Method: Check Cash

Visa MC Disc Amex

Card number

Expire date CVV

Signature

In Honor Of: or In Memory Of: _____ person, cat, dog

Name/Address to send card to

Optional message to include

For a complete list of items needed, please visit our website www.neas.org/things-we-need
Or use our unique Amazon Smile link <http://smile.amazon.com/ch/51-0183474>

Food: Canned dog and cat food, Dry dog and cat food, Jar baby food, canned chicken

Toys: Sturdy dog chew toys, Squeaky, Cat jingle or catnip toys

Medical Supplies: ** Note we cannot accept prescription medications that have been dispensed to you.

Kennel Supplies: Dog waste bags, Cat litter, Paper towels, Trash bags, Linens/Bedding

Office Supplies: Postage stamps, Pens/Sharpies, Copy paper, Post-its, Batteries

Gift Cards: Grocery and Department Stores, Pet Supply Stores, Visa/MC/Amex

_____ **Collected Items** _____ **Donations by a child, age** _____

****Any items we are unable to use at NEAS will be offered to another rescue organization**