



Chilliwack Animal Safe Haven Society

# CAT SPONSORSHIP FORM

Name of Animal: \_\_\_\_\_ Date: \_\_\_\_\_ Number: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Description: \_\_\_\_\_

Sponsorship Agreement Number: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Support Amount: \_\_\_\_\_ per month / year (circle choice)

Payment to be made:  Monthly Cheque  
 Annual Cheque (If cat is adopted during the period of sponsorship, the remaining balance of the sponsorship will be transferred to another cat)

Support Date: From \_\_\_\_\_ to \_\_\_\_\_

In sponsoring this pet, I AM COMMITTED to providing funding for its care for the period mentioned above. If, during this time, I become financially unable to fulfill my obligation, I will notify the Chilliwack Animal Safe Haven immediately. I understand that while I am a sponsor, I am welcome to visit the cat whenever I am able and that I am encouraged to take a personal interest in its care and well-being.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

OFFICE USE ONLY:

Initial payment of \$ \_\_\_\_\_ received \_\_\_\_\_ by \_\_\_\_\_  
Amount Date Safe Haven Staff Signature

<input type="checkbox"/> 2nd \$ _____	Date _____	Initials _____	<input type="checkbox"/> 8th \$ _____	Date _____	Initials _____
<input type="checkbox"/> 3rd \$ _____	Date _____	Initials _____	<input type="checkbox"/> 9th \$ _____	Date _____	Initials _____
<input type="checkbox"/> 4th \$ _____	Date _____	Initials _____	<input type="checkbox"/> 10th \$ _____	Date _____	Initials _____
<input type="checkbox"/> 5th \$ _____	Date _____	Initials _____	<input type="checkbox"/> 11th \$ _____	Date _____	Initials _____
<input type="checkbox"/> 6th \$ _____	Date _____	Initials _____	<input type="checkbox"/> 12th \$ _____	Date _____	Initials _____
<input type="checkbox"/> 7th \$ _____	Date _____	Initials _____			