

ENROLLMENT/GIFT FORM

Make all checks payable to *The NHFP* and send with this form to:

The Nikki Hospice Foundation for Pets
Rosemoor House
400 New Bedford Drive
Vallejo, CA 94591

- YES**, I want to help *The NHFP* in its endeavors to promote the concept of veterinary hospice care. Please enroll me at the level I have indicated below. I understand that my annual contributions or gifts are tax-deductible to the fullest extent allowed by law.
- Supporter (ideal for pet parents, certified veterinary technicians, animal health care specialists, hospice volunteers or members of the general public who wish to help support *The NHFP*) – \$15/year (includes newsletter and magnet)
- Friend (ideal for senior citizens or students) – \$10/year (includes flyer and magnet)
- Patron – \$500 Benefactor – \$1,000 Sponsor – \$5,000
- I have included *The NHFP* in my estate plans and would like to participate in the Leave a Legacy Program.
- NO**, I am not ready at this time to join on a yearly basis, but please accept my gift of \$_____ to help *The NHFP*.
- I would like the gift above to be “In Memory of _____” (name of pet or loved one) and my name/pet’s name/loved one’s name added to the “*Anastasia’s Angel*” Memorial donors.
- I am I am not including a photograph of my pet/loved one with this form.
- Please send me additional information on *The NHFP*’s services and objectives. I am a:
- veterinarian veterinary technician mental health/hospice professional
- trained hospice volunteer pet parent
- other (please specify) _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

We thank you for your support!