

Monthly Donation Commitment Form



***Return this form by March 31 to ensure funds are credited to your candidate before the April 14 deadline.**

Candidate Information

Pet Name:

Pet Parent Name:

Monthly Donor Information

Contact:

Address:

City:

State:

Zip:

Phone:

Email:

Monthly Giving Commitment

\$_____ donation for

3 months

6 months

12 months

TOTAL commitment of \$_____

Return form to: erinm@petpartners.org

Mail check to: Pet Partners
Attn: POTY
345 118th Ave SE, Suite 100
Bellevue, WA 98005

Payment Method

Check - made payable to "Pet Partners"

Please invoice me

Credit card - check here to have Pet Partners call to schedule automatic monthly payments

Signature

Date

Thank you for your support!

petpartners.org/petoftheyear2025