



Membership & Donation Form

Your Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone : _____ Email: _____

MEMBERSHIPS:

_____ General Membership \$25.00

_____ Golden Friend Level Membership \$50.00

_____ Sponsorship Level Membership \$100.00

DONATIONS:

_____ I'd like to make a donation of \$_____ to be used for routine veterinary care and general operating expenses

_____ I'd like to donate \$_____ to the Woody Fund, which is a fund for extraordinary veterinary care for golden retrievers with difficult medical problems

_____ I'd like to make a donation in memory of _____

_____ I'd like to make a donation in honor of _____

If you would like an acknowledgement sent to the person or family you are honoring/memorializing please give us their name and address below:

Please mail this form to: GRRMF, P.O. Box 1449, Goldenrod, FL 32733

We will mail you a tax receipt letter to recognize your donation via US mail.

THANK YOU FOR YOUR SUPPORT!!