

SPONSOR-A-PET APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

I AM ENCLOSING: \$ _____ FOR: ___ DOG ___ CAT

**Mail Application & \$20 Monthly Payment to:
The New Rochelle Humane Society
70 Portman Road
New Rochelle, NY 10801
914-632-2925**