



**Send or bring form (with payment, if applicable) to:**

Cat Care Society  
5787 W. 6<sup>th</sup> Ave.  
Lakewood, CO 80214

**Request for Information:**

- Send me information about becoming a Cat Care Society volunteer.
- Contact me about making an Education Presentation to my group or school.
- I would like more information about Lifetime Care. Please send me the packet of information.
- Send me information about how to include Cat Care Society in my will.
- Send me information about how to sponsor a cat or a room in the shelter.

**Donation**

Enclosed is my donation in the amount of \$ \_\_\_\_\_

Choose One:

- In Memory Of
- In Honor Of

Choose One:

- Pet
- Person

Name of Pet/Person: \_\_\_\_\_

Send an acknowledgment to: \_\_\_\_\_  
\_\_\_\_\_

Please use my donation for:

- Membership
- Good Samaritan Fund
- As Needed
- Other: \_\_\_\_\_

**Cat Care Society Membership (all levels receive the Cat Care Quarterly):**

- Associate \$25** Cat Care Quarterly plus special mailings
- General \$40**  Bookmark or  Pet ID Tag
- Sustaining \$75**  Bookmark or  Pet ID Tag + \$5 gift certificate + 10% Meow Mart discount
- Patron \$125**  Bookmark or  Pet ID Tag + \$10 gift certificate + 10% Meow Mart discount
- Lifetime \$1500**  Bookmark or  Pet ID Tag + \$25 gift certificate + 10% Meow Mart discount

**Pet ID Information:** (Print Pet's Name): \_\_\_\_\_

**Your Information:** (Please Print):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

- 
- My Check # \_\_\_\_\_ will serve as my receipt
  - I require a CCS receipt

Please charge my credit card (circle one): MasterCard    Visa    American Express    Discover  
# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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**\*\*\*Cat Care Society does not sell or trade our mailing list to anyone\*\*\***