CLUMBER SPANIEL HEALTH FOUNDATION IN MEMORIAM DONATION FOR A LOVED ONE

Your donation can make a difference. We thank you for helping us support health research, educational and data collecting programs that will improve the lives of Clumber Spaniels and dogs in general. Please print this form and complete the fields below.



I want to make a donation in the amount of (please check):

US\$25	US\$50	US\$75	US\$100	US\$250	US\$500	US\$1000	
I prefer to	give US\$						
In memory of :							
please indicate	e the follon, owners and a few	owing: date of names a few words abou	f birth, date on words. If you	of death, regi our gift is in n	stered name, nemory of a p	o site. For a dog, call name, breed, person, please include re to	
Please sign an on our web sit			that the CS	HF has perm	ission to use	the photo you submit	
Name and date:							
I want my	gift to ren	nain anonymo	ous.				
Donor Information:							
Name(s):							
Address:							
City:			S	State/Province:			
Country:				Zip/Postal Co	ode:		
Email:				Telepho	one:		
wish to do	so.	address in the		·	nay easily con	tact me should they	

Honoree or Deceased's Family to Notif	y:		
Name(s):			
Address:			
City:	State/Province:		
Country:	Zip/Postal Code:		
Email:	Telephone:		
Please print, complete and send this form Clumber Spaniel Health Foundation c/o Ken Harringer P.O.Box 10959 Silver Springs, MD 20914-0959	n with a check (US funds only) payable to:		
If you have any questions, please contact	t the CSHF Secretary at secretary@clumberhealth.org.		
I do not wish to receive information o	n the Foundation by direct mail or email.		

The Foundation is a tax-exempt public charity under Section 501(c)(3) of the Internal Revenue

Code