



## **FLA Four Legged Advocates, Inc.**

### *Donation and Partnership Form*

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**JOIN OUR CAUSE!**

Partners are a large support to FLA Four Legged Advocates.

Working together we *will* **MAKE A DIFFERENCE** in the lives of victims of crime!

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

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Total Donation Enclosed: \$\_\_\_\_\_

Please make all checks or money orders payable to:

**FLA Four Legged Advocates, Inc.**

Please send all donations to:

**FLA Four Legged Advocates, Inc.**

**826 First Street South**

**Winter Haven, FL 33880**