## Donor Form—AKC Canine Health Foundation—Alaskan Malamute Donor Advised Fund

Your gift, honoring the memory of a special friend or recognizing a special occasion or achievement, will advance research directed toward the goal of healthier Alaskan Malamutes.

Name			nor Informa Payr		lethod (make checks or money orders payable to	
		AKC	AKC CHF/Alaskan Malamute Donor Advised Fund):			
Street/PO Box			Chec	Check one: Check/Money order Visa MasterCard		
City	·	——— Cred	Expiration Date CVV Code:			
(If using credit card, please pl	dress)	Expi				
Phone (include Area Code)						
Email		Amo				
Type of gift (check one)	☐ In Hon	or Of	☐ Memoria	I	☐ Special recognition or occasion	
The information below is:	☐ Pet's I	Name	☐Person's	Name	Description of recognition/occasion	
	(Print name	of pet/pe	erson or occasion	on as i	ndicated above)	
		A	cknowledgm	ent		
Send acknowledgement to:					ions will be acknowledged by letter and published	
□Donor above:  Or (if donating as gift or for another party)			W	in the AMCA Newsletter as well as on the website. If you would like to include a brief sentiment regarding your donation, list it below. Limit to approximately 20 words if possible.		
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Please send this form, along v	vith payment, to	:	_			
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Thank you for your contribution in support of the health of Alaskan Malamutes!