

Guardian Angel Sponsorship Program



All it takes is a monthly pledge, for one year, to list your name or business on a Dog Kennel, Dog Run, Cat Condo or Isolation Room.

With your help, we can continue to give our animals the highest level of care during their stay at the Oromocto and Area SPCA.

Yes I'll be a Guardian Angel to animals in need!



Apply my pledge to a:

- Dog Kennel (\$300/ year, \$25/month)
- Outside Dog Run (\$480/year, \$40/month)
- Dog Isolation Room (\$480/year, \$40/month)
- Cat Condo (\$300/year, \$25/month)
- Cat Isolation Room (\$480/year, \$40/month)
- Backyard Play Area (\$900/year, \$75/month)

Name: _____

Address: _____

Email: _____

Phone #: _____

- Enclosed are my 12 monthly checks.
- I would like to have monthly payments taken out of my bank account (see attached form)
- I would like to make the full payment upfront

Your choices for the wording of the plaques are:

- This Temporary Home is Sponsored by _____
- This Temporary Home is Dedicated in Memory of _____

Will you be a Guardian Angel?

7 days a week, 365 days a year, every animal in our shelter needs food, medical attention and a safe, warm place to stay.

Our **Guardian Angel** Sponsorship Program is dedicated to the daily care of these animals in need.

Oromocto and Area SPCA
111 D'Amours Street
Oromocto, NB
E2V 0G5

**SCOTIA DIRECT
PRE-AUTHORIZED CREDIT ENROLLMENT FORM**

Please fill in and return this form to Oromocto and Area SPCA with an unsigned **voided** cheque (for verification purposes)

We/I, _____
(Your Name)

Address _____

City _____ Province _____ Postal Code _____

HEREBY AUTHORIZE

**Oromocto and Area SPCA
111 D'Amours Street
Oromocto, NB
E2V 0G5**

TO DEBIT MY ACCOUNT

ACCOUNT NUMBER _____

Held at _____
(Name of Financial Institution)

Branch Address _____ Transit No. _____

For the purpose of: _____

Signature _____ Date _____