



AHEPA
 Service Dogs for Warriors
 Dedicated to empowering the lives of our veterans fighting with
 PTSD
SPONSORSHIP FOR A SERVICE DOG



Date: _____ **Please complete all information on this form** Person completing form: _____
 First Name _____ Last Name _____ Phone # _____
 Address _____ City/Town _____, State _____ Zip Code _____
 Email: _____ Tel: _____
 Private Donation Organization Organization Name _____
 Chapter Name (if applicable) _____ No. _____ District No.: _____
 Organization Address _____ City/Town _____ State _____ Zip Code _____

Please complete the section below and use a separate form for each dog.
 Five thousand dollars (\$5,000.00) entitles you to select the Name of the Service Dog and gender.
 Name of Dog: _____ Preference Male Or Female Dog: _____

A Sponsorship for a Service Dog is \$5,000.00. Please complete if paying by check.
 Ck# _____ Date ____/____/____ Amt. Enclosed \$ _____

Sponsorship of an AHEPA Service Dog may be paid in full or pledged and paid over a 2-year period.

Total amount you will pledge or one time donation \$ _____
 Sponsorship Payments of \$ _____ per Month Quarter Semi-Annual
Please complete BOX A for all donations
 Dogs are named when final sponsorship payment is made.

Please give the reason (s) for the name of the Service Dog you have chosen.
 Please use a separate piece of paper if more space is needed.

Contact information: Please add additional person (s) contact information:

Name: _____ Tel: _____ Email: _____
 Name: _____ Tel: _____ Email: _____

Please email a copy of this form asdwssecretary@gmail.com or mail with your check to George Karatzia at 24 Longfellow Terr, Morganville, NJ 07751.

Date form and check received at AVDs ____/____/____ AVDs Check # _____