



Community Cat Coalition of Clark County

P O Box 570683, Las Vegas, NV 89157-0683

Donation Form

Name:						
Address:						
City:						
State:		Zip Code		Area Code:		Phone No.

I/we would like to donate: \$ _____ Once Monthly Quarterly Annually

Please accept my donation to be used for the following purpose:

Cleaning supplies	\$5	
Dry Cat Food	\$15	
Bowls for food/ water	\$45	

One spay or neuter surgery	\$60	
Tru-Catch Humane Trap	\$90	
Where it is most needed		

Cash Check (Payable to C5) PayPal Account C5PayPal@C5-TNR.org

Email Address

Please provide your email address, if you would like to receive information on events and other topics.

Email: _____

Please don't send an acknowledgment and use the funds saved to help the cats!

I/we wish to have our gift remain anonymous

In memory of: _____