

# Paw Pourri Animal Rescue



## Membership Form



### *Your Details*

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

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

Phone Number: \_\_\_\_\_

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



### *I wish to become a member of Paw Pourri Animal Rescue*

Single Membership (€15 per year)

Concession (€12 per year)

Family Membership (€20 per year)



### *I wish to pay by*

Cheque

Cash

Bank Lodgement

*(Please ask for details)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you on behalf of all the animals that will reap the benefits of your generosity.**