PAWS-itive CARE: PET BEQUEST ENROLLMENT AGREEMENT

If your pets should outlive you, and there is no one to care for them, the PAWS-itive Care program of the Pet Alliance of Greater Orlando can assist you.

Once your pets are enrolled in our program, you will have the peace of mind knowing our agency will accept your enrolled pets and care for them until we find them a new home with a loving family.

Pet Alliance of Greater Orlando is a local, non-profit corporation, funded through the support of community members like you.

Please note, we will accept your pets into our shelters whether or not you are able to plan for financial support through a bequest to the agency.

(If your will or trust document does not state who will transport the pets to our agency in Greater Orlando, we can work with your executor or other responsible party to have your pet safely transported to one of our shelter facilities. The cost of transport outside of the boundaries of Orange, Osceola, Seminole, Brevard, Lake, and Volusia Counties is the responsibility of the pet owner or his/her estate.)

However, if you are financially able, we suggest a minimum planned gift of $5,000 bequeathed to the Pet Alliance of Greater Orlando to support your pets’ enrollment. A planned gift can be:

• A bequest in your will or living trust.
• Naming the Pet Alliance of Greater Orlando as a beneficiary of your life insurance or qualified retirement plan.
• Naming the Pet Alliance of Greater Orlando as the beneficiary of a “transfer on death” bank or stock account.
• A charitable gift annuity or a charitable remainder trust.

Required next steps for enrollment in PAWS-itive Care:

• Complete one PAWS-itive Care Enrollment Agreement Form for each of your pets.
• Complete one PAWS-itive Care Pet Profile for each of your pets.
• Mail completed documents to: Paws-itive Care. Director of Philanthropy. Pet Alliance of Greater Orlando, 2727 Conroy Road, Orlando, FL 32839
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I (Signature) ______________________________ am the owner of the pet listed below. It is my desire, and by my signature, my authorization, to turn over permanent custody of my pet to the Pet Alliance of Greater Orlando, in the event of my death.

Name: (Please print) ________________________________________________ Date: __________

Address: __________________________________________________________

City, State, Zip: ____________________________

Day phone: __________________________ Evening: __________________________ Cell: __________________________

E-mail: ____________________________ DOB: __________________________

I have made a bequest to the Pet Alliance of Greater Orlando in the total amount of $ __________________________.

I have made this bequest in my: _____ will/trust _____ life insurance policy _____ bank account

_____ retirement plan _____ stock account _____ other: __________________________

I am not able to make a bequest to the Pet Alliance of Greater Orlando at this time. __________________________

PET ENROLLMENT:

□ DOG  □ CAT  Pet’s Name: __________________________

Breed: __________________________ Color/Markings: __________________________ Age: _____ Sex: _____