

2011 WESTIE WALK REGISTRATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Dog's Name(s) _____

- This Westie has been a patient at DoveLewis. We are collecting this information as we plan to honor all previous patients this year.

Suggested Donation is \$20.00 per dog

Number of dogs _____

Donation Enclosed for \$ _____

All proceeds from this event support the DoveLewis Velvet Financial Assistance Fund. DoveLewis Emergency Animal Hospital is recognized as a charitable organization under Internal Revenue Code, Section 501(c)(3). All donations are tax deductible as allowable by law. Federal Tax ID No. 93-0621534.

FORM OF PAYMENT check credit card MC/Visa/AmEx/Disc

Card # _____

Expiration _____ / _____ V code _____

Name on card _____

Send registration form to Melanie Reinert, DoveLewis, 1945 NW Pettygrove, Portland, Oregon 97209 by Wednesday, September 7. FAX: 971.255.4938 or Email: mreinert@dovelewis.org or Phone: 971.255.5938. **Register online at dovelewis.org!**