

**Soaring Paws
609 Masthead Court
Tampa, FL 33602
A 501 (C) (3) Non-Profit Organization
Federal tax ID # 46-5550339**

PLEASE COMPLETE THIS FORM AND INCLUDE IT WITH YOUR DONATION

Name: _____

Address: _____

City/State/Zip Code: _____

Email: _____

Phone #: _____

Date: _____

I have donated the following items to Soaring Paws, for which the charitable organization provided no goods or services.

Soaring Paws Representative Signature: _____

Donor's estimate of fair market value of these items at this time: \$_____ (*)

(*) Please note that the values you attach to these donations are your own estimates and as such Soaring Paws is unable to take any opinion as to these values. If the value you place on your donation is \$250 or more, this form will be needed as proof of your donation for tax deduction purposes. Please include this with your package and retain a copy for your records.