

2009 – 2010 “NSSLHA Loves” Campaign to benefit

4 Paws for Ability

Campaign Contribution Record Form

Date _____

Name of NSSLHA Chapter _____

Name of Chapter Advisor and/or President: _____

Chapter Address: _____

Tel: _____ E-mail: _____

This is our contribution for the 2009 – 2010 “NSSLHA Loves” Campaign to benefit 4 Paws for Ability. Please accept our donation of \$ _____ to assist children with disabilities and their families. We raised our contributions through the following fundraising event(s):

- “NSSLHA Loves” Walk-A-Thon
- Individual donations from NSSLHA members or Chapter
- Bowl-a-thon
- Bake Sale
- Other (please specify)

Please mail this form with your check made payable to:

“4 Paws for Ability”

253 Dayton Ave.

Xenia, Ohio 45385

email: karen4paws@aol.com

Website: <http://www.4pawsforability.org/index.html>

Maintain a copy of this form for your records. Submit pictures of your “NSSLHA Loves” event to nsslha@asha.org for publication in *NSSLHA Now!* Include the chapter name and a description of the event in your message.

THANK YOU FOR SUPPORTING NSSLHA AND 4 PAWS FOR ABILITY!

