## Animal Shelter Inc. Safe Shelter Surviving Pet Care Plan Enrollment Agreement (Attachment A)

You're Name:			
Address:			
City, State, Zip:			
Day phone:			
mail: your date of birth:			
I would like to enroll #	pet(s) i	nto the Surviving Pet Care	e (SPC) program.
Enrollment Fees: \$1,500 for your first pet, \$1,00	0 per additional pet	Payment Total: \$	
1.) I have made a Bequest in my will to the Anima	al Shelter Inc. of Sterli	ng, MA in the amount of \$	
2.) I have made the Animal Shelter Inc. of Sterling	g, MA the beneficiary	of my life insurance policy in the amount	of \$
3.) I have made the Animal Shelter Inc. of Sterling	g, MA the beneficiary	of my retirement plan in the amount of $_{-}$	
I understand that I must pay the amount alternative		ent fee in this plan or notify the Anima nt prior to enrolling in this program.	al Shelter Inc. of Sterling, of
4) Cash or other current gift in the amount of \$		5) other:	
Comments or special conditions regarding your p	ayment:		
You must send documentation of your execut	ed pet trust docume	entation to us to enroll in this program	
I understand that the cost of transportation of my arrange and pay for such transportation. Enrollm MA, unless otherwise specified. If a pet dies a be enrolled at the same enrollment fee.	ent fees are based o	on the number of pets taken in by the A	Animal Shelter Inc. of Sterling,
Full Legal Name:			
Signature		Date	
Accepted by the Animal Shelter Inc. of Sterling, I	MA:	Date	
	4-3236868 phone:	17 Laurelwood Road – Sterling, MA 01 978-422-8585 Fax: 978-422-8574 lingshelter.org	564