



## Donation Form

Please mail completed form to:

Foundation of the CTCA Treasurer  
c/o Tamara J. Erickson  
185A Old Albany Road  
Greenville, MA 01301

I would like to help the Foundation of the Cairn Terrier Club of America fight medical diseases found in Cairn Terriers by making a tax-deductible gift today.

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Please find my check enclosed, payable to "Foundation of the Cairn Terrier Club of America" in the amount of \$\_\_\_\_\_.

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### Credit Card Information:

Name on Card: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(MM/YY) (3-4 digits)