

**San Diego Love On A Leash
Request for Reimbursement/Acknowledgment of Donation Form**

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Please check appropriate box:

_____ **Request for Reimbursement**

_____ **Request for Acknowledgment of Donation**

Description of Payment/Donation (to whom paid, purpose, amount): _____

Please attach a copy of your check, invoice or donation and mail together with this form to:

**Kathy Lam, Treasurer
San Diego Love On A Leash
P.O. Box 722832
San Diego, CA 92172-2832**