



BVAAS Guardian Angel Program

P.O. Box 5248 | 32 Bella Vista Way | Bella Vista, AR 72714 | 479.855.6020

www.bellavista-animalshelter.org

Guardian Angel Sponsorship Application Form

Full Name: _____
Last *First* *Date*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Email (Optional): _____

Name of My Friend/Relative Receiving the Gift of Sponsorship:

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Email (Optional): _____

Guardian Angel Costs: \$120 Per Year, \$30 Per Quarter or \$10 per Month.

___ Yes, I want to be a Guardian Angel. Is this your first time as a Guardian Angel? Y / N

___ Yes, I want to give the gift of a Guardian Angel Sponsorship.

Duration: ___ Ongoing ___ One Year Only ___ Other ▪ Preference is: ___ Dog ___ Cat ___ Either

Pet's Name (if known): _____

Choose your Payment Plan:

Yearly _____ (\$120) Quarterly _____ (\$30) Monthly _____ (\$10) Other _____

Total Amount Donated: \$ _____ Check # _____ / Cash

Note: Please write Guardian Angel Program (and pet's name, if known) on the memo of your check. – Thank You.

Mail to:
Bella Vista Animal Shelter, Inc.
P.O. Box 5248
Bella Vista, AR 72714

To Pay Online Visit www.bellavista-animalshelter.org and Select the Paypal Button!