

IT'S A DOG'S LIFE - DOG FOSTERING NETWORK

Providing safe, warm foster homes for dogs waiting for a new and loving forever home.

T. 807-467-DOGS
F. 807-543-2222

www.adogslife.cc
kenoradogslife@gmail.com

www.facebook.com/adogslifefosteringnetwork

Dog Sponsorship Program

About Us

It's A Dog's Life is an ever-growing group of citizens who are concerned about animal welfare in the Kenora area.

On January 31, 2008 the only animal shelter from the Manitoba border to the Thunder Bay region closed its doors. Since then the well-being of local animals has been placed almost entirely in the hands of local residents. It is up to us to volunteer, speak out, speak up, and help those who cannot speak for themselves. To date we have fostered and found loving forever homes for more than 630 dogs.

It's A Dog's Life is a non-profit, shelter-less organization. We offer veterinary care and safe, warm foster home for dogs waiting for a new and loving home. We continue fostering the dogs in our care until they find the right forever home for them.

We currently spend approximately \$7,000 - \$10,000 a month to support the dogs in our care. This includes veterinary care, food, and supplies. Our adoption fee is \$200 per dog which includes neutering or spaying of the dog and, if a puppy, the first set of shots. Fundraising and sponsorship is therefore a vital part of our budget as we do not receive any government funding.

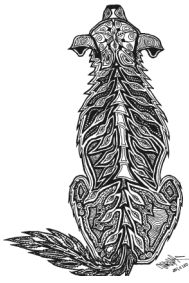
Dog Sponsorship

Many people care deeply about the welfare of the dogs we are helping but are unable to foster. We are asked regularly if there are other ways they can help. It was with this in mind that we decided to start our dog sponsorship program.

Monthly sponsorship means you are helping make a difference in each rescue dog's life! You can feel good knowing you are helping support a dedicated group of volunteers provide the best care for as many dogs as possible.

We will send you regular email updates regarding the dog you have chosen to sponsor. When they find their forever home we will ask the new owners to provide a picture and update to us so we can let you know how they are doing in their new home.

100% of the money that is donated is used for the animals - no administration fees and no salaries are ever paid. All donations over \$20 are tax-deductible.



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Dog Sponsorship Form

Date: _____

Name: _____

Company (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

I would like to sponsor:

\$25.00 per month

\$100.00 per month

\$50.00 per month

\$_____ (please specify) per month

\$75.00 per month

A one-time sponsorship of \$_____ (please specify)

Please withdraw my sponsorship amount on the _____ day of each month (ex. 1st, 15th). **OR**

Please find enclosed 12 post-dated cheques payable to It's A Dog's Life.

Name of dog we would like to sponsor: _____

Bank Account Information (required only if using pre-authorized debit, all banking information is kept in a highly secure location)

Account Number: _____ Branch Transit Number: _____

Financial Institution Number: _____ Account type (please circle): Chequing Savings

Financial Institution Name: _____

Branch Address: _____

Dated this _____ day of _____, 20__.

Authorized Signature

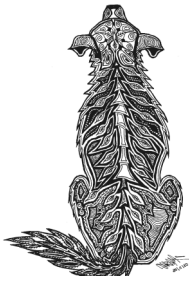
Name

Authorized Signature

Name

*Please also read and sign the following Pre-Authorized Debit (PAD) Agreement.

** Return completed forms to: **It's A Dog's Life Sponsorship Program**
Box 291
Keewatin, ON P0X 1C0



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Pre-Authorized Debit (PAD) Agreement

To: It's A Dog's Life Fostering Network (the "Payee")

This Authorization is provided for the benefit of the Payee and our Financial Institution in consideration of our Financial Institution agreeing to process PADs in accordance with the rules of the Canadian Payments Association.

Account Information: The account that the Payee is authorized to draw upon is indicated on the Dog Sponsorship Form. A specimen cheque for this account has been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signed this Authorization, we certify that all information contained the this Agreement and the Dog Sponsorship Form is accurate. We agree to inform It's A Dog's Life Fostering Network, in writing, of any change in the information provided prior to the next withdrawal date of the PAD.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this Agreement and the Dog Sponsorship Form.

Authority to Debit Account: We hereby authorize the Payee to draw on our account indicated on the Dog Sponsorship Form with our Financial Institution.

Frequency and Amount of Debits: A debit, in paper, electronic or other form in the amount specified on the Dog Sponsorship Form may be drawn from our account at the frequency indication on the Dog Sponsorship Form.

Validation by Processing Financial Institution: We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee.

Recourse/Reimbursement: We have certain recourse rights if any PAD does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement including the information provided on the Dog Sponsorship Form. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca.

Our Rights of Disput: We may dispute a PAD in accordance with the CPA Rules under the following conditions: 1. The PAD was not drawn in accordance with our Authorization; or 2. This Authorization was revoked. In order to be reimbursed, we acknowledge that a declaration to the effect the either 1 or 2 took place, must be completed and presented to our branch of our Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

Cancellation of Arrangement: This Authorization may be cancelled at any time upon notice by us to the Payee at least 30 days prior to the PAD being issued. A sample cancellation form, or further information on our right to cancel a PAD Agreement, and our financial institution of by visiting www.cdnpay.ca.

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the CPA Rules.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____, 20____.

Authorized Signature

Name

Authorized Signature

Name