



Date: _____

Rescue Rebates™

Cash Back Rewards for Adoptable Pets

Pet Rescue Organization Application

Name of Pet Rescue Organization: _____

Mailing Address: _____ Physical Address: _____
(if different than mailing)

501(c)(3) Nonprofit Employer ID Number: _____ Total Years as Nonprofit: _____

Organization Mission statement: _____

For lengthier missions, please attach a copy

Contact Info for Group Leaders (name, phone and email). Main contact; please include mobile phone.

- | | | | |
|----|---------------------|------------------------------|-------|
| 1. | _____ | _____ | _____ |
| | Main Contact | Mobile phone required | |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Primary Sources of Homeless Pets _____

Average # of Dogs in Foster at any given time: _____ Average # of Cats: _____

Average Annual Adoptions: _____ Total Number of Volunteers/Foster Pet Parents: _____

Please provide any comments or other pertinent information for us to consider with your application:

Thank you for your interest in **Long Leash On Life Rescue Rebates**. Please drop off applications at
Long Leash On Life, 9800 Montgomery Blvd NE (at Eubank), or email it to CommunityCareLLOL@gmail.com.