



Cuddle Program Request Form

Business Information

Business Name: _____

Type of Business: _____ # of Employees: _____

Address: _____

Contact Name and Title: _____

Phone: _____ Email: _____

Details

Event Information: _____

Location: _____

Date & Time 1: _____

Date & Time 2: _____

Date & Time 3: _____

Preference (if available): Puppies Young Dogs Senior Dogs

Payment Information ** We will not process payment until we confirm event details with you **

Credit Card Check Enclosed Check Mailed

Card Number: _____

Expiration Date: _____ Billing Zip Code: _____ CSV Code: _____

Name on Card: _____

Authorized Signature: _____

Contact Julie@pawscrossedny.org for questions.

Submit form to email or mail to 100 S Warehouse Lane, Elmsford, NY 10523

**** We will not process payment until we confirm event details with you ****