PLEDGE FORM

| PHONE |
|---|
| NAME |
| ADDRESS |
| () Yes. I will be glad to donate/pledge \$10/month for 12 months beginningto House of Mews / Puddy Tat Protectors. (total pledge \$120.00) |
| () \$50 Patron() \$25 Sponsor() \$15 Member |
| () Yes. I will pledge / donate a total of \$ (Misc amount) |
| () Yes. I would like to contribute in some other way. My area of expertise is in: |
| Please send me a donation acknowledgement. I need no acknowledgement. |

Just Print This Form, Fill It Out, and Mail To:

Elain Harvey
Puddy Tat Protectors, Inc. (The House of Mews)
933 S. Cooper
Memphis, TN 38104