

**North Shore Animal League America
Surviving Pet Care (SPC) Enrollment Agreement**

Name: _____

Address: _____

City, State, Zip: _____

Day phone: _____ Evening: _____ Cell: _____
e-mail: _____ DOB: _____

I would like to enroll _____ pet(s) into the Surviving Pet Care (SPC) program.

Minimum Enrollment Fees: \$10,000 for first pet; \$5,000 for each subsequent pet, if paid currently. Otherwise, the fee is \$15,000 for the first pet and \$7,500 for each subsequent pet.

Payment:

- 1.) I have made a Bequest in my will to North Shore Animal League America in the amount of \$_____.
- 2.) I have made North Shore Animal League America the beneficiary of my life insurance policy in the amount of \$_____.
- 3.) I have made North Shore Animal League America the beneficiary of my retirement plan in the amount of \$_____.

I understand that I must keep the amount to cover the enrollment fee in this plan or notify North Shore Animal League America of alternative sources for payment.

4) Cash or other current gift in the amount of \$_____

5) Other: _____

Comments or special conditions regarding your payment:

You must send documentation of your payment.

I understand that the cost of transportation of my pets to North Shore Animal League America is my responsibility. My family or my estate shall arrange and pay for such transportation. In the event North Shore Animal League America pays for the transportation, my estate shall reimburse it and such costs shall constitute a valid claim against my estate.

Enrollment fees are based on the number of pets taken in by NSALA, unless otherwise specified. If a pet dies and is replaced by another, it will be covered by this Agreement, but a new questionnaire must be submitted regarding the replacement pet. Any additional pets must be enrolled at the then current enrollment fee unless the payment is sufficiently in excess of the basic enrollment fee

Signature _____ Date _____

Accepted by North Shore Animal League America: _____ Date _____

North Shore Animal League America, 16 Lewyt St, Port Washington, NY 11050
Tax i.d. # 11-1666852 (516)883-7900 ext. 354 www.AnimalLeague.org/safehaven