

Questions or ... need more Brochures or more of these Forms?

Please contact Tails of Help at info@tailsofhelp.ca should you require additional information or more brochures or forms.

 <p>Tails of Help Donation Box Collections Form</p> <p>Date: _____</p> <p>Clinic name: _____</p> <p>Staff contact name: _____</p> <p>Staff signature: _____</p> <p>Amount: _____</p> <p>Please cut out, complete and enclose one of these forms along with donations box remittance cheque. Address to: Tails of Help, Suite 1260 - 5328 Calgary Trail NW Edmonton, Alberta T6H 4J8</p>	 <p>Tails of Help Donation Box Collections Form</p> <p>Date: _____</p> <p>Clinic name: _____</p> <p>Staff contact name: _____</p> <p>Staff signature: _____</p> <p>Amount: _____</p> <p>Please cut out, complete and enclose one of these forms along with donations box remittance cheque. Address to: Tails of Help, Suite 1260 - 5328 Calgary Trail NW Edmonton, Alberta T6H 4J8</p>
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