



ALLIANCE FOR ANIMALS

P.O. Box 1632
Madison, WI 53701

Your Information

Name: _____

Address: _____

City: _____

State/Province: _____ ZIP/Postal: _____

Country: _____

Phone: _____ Do you want to be on our phone tree? _____

E-Mail: _____

Membership/Contribution

Amount Enclosed: _____ Interested in Volunteering? _____

Areas of Interest: _____

How did you find out about AFA? _____