



Therapaws of Michigan, Inc.

Sharing the Human-Animal Bond Through Canine-Assisted Therapy
PO Box 92, Dexter, MI 48130 | www.therapaws.org | info@therapaws.org

Time & Talent

Print out this form, circle the areas you wish to become involved with—in addition to your regular therapy dog visits—fill in the information below, and mail to:

Therapaws of Michigan, Inc.
PO Box 92
Dexter, MI 48130

I wish to serve in the following area(s):

- | | |
|----------------------|----------------------|
| Board Position | Newsletter |
| Community Events | Publicity |
| Correspondence | Social Events |
| Data Entry | Speaking Engagements |
| Facility Coordinator | TDInc. Tester |
| Finance | Testing & Screening |
| Fund Raising | Training & Education |
| Legal | Website |
| Membership | |

I can give _____ hours per month, in addition to my regular pet therapy visits.

I don't have a dog but I can give _____ hours per month providing administrative help.

Name _____

Address _____

City/State/Zip _____

Phones: Home _____ Work _____ Cell _____

Email _____