



The Cat Network, Inc.
Application for Alfie's Angels Fund

In memory of a beloved cat, Alfie, a generous donation allowed The Cat Network, Inc. to establish the Alfie's Angels Fund in 2008 and offer discounted Spay/Neuter certificates to those in need. The Cat Network, Inc. is grateful for any additional donations to this fund that will provide for its continued success.

Qualification: A person of limited income, whether due to age, disability, or special circumstances, may qualify for discounted Spay/Neuter certificates. The applicant must submit an application (available on the Cat Network's website) to info@thecatnetwork.org. Applications can also be mailed to the Cat Network, Inc. at P.O. Box 347228 Miami, FL 33234-7228.

Upon submission of a completed application, the applicant will be subject to an interview (either live or by telephone) by a member of The Cat Network, Inc.'s Board of Directors who will then seek approval from a majority of Board of Directors to offer the discounted certificate(s). The Cat Network Board of Directors has sole discretion over an applicant's qualification for the discounted certificates. The certificates will expire one month from the date of issue. A recipient must use 75% of the certificates issued before additional certificates can be issued.

Please provide the following information to be considered:

1. Applicant's name: _____
Person submitting application, if different from the applicant: _____
Relation to applicant: _____
2. Applicant's age: _____
3. Address: _____
4. Telephone number: _____
5. Employer: _____
6. If not employed, reason (disability, retired, lay off, etc.) _____
7. Sources of income: _____ Income per Month: _____
8. Number of cats to be sterilized: _____
9. What efforts have you made to secure funding for the sterilization: _____
10. What role will you play in the Spay/Neuter of the cat(s) (trapping, transporting, and/or recuperating):

11. Will you commit to sterilizing all of the cats in your colony: _____
12. Will you commit to sterilizing the cat(s) within 1 month of receipt of certificate: _____

Additional information: _____

I, _____ (print name), attest that the above information is true and accurate.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____