

Donation Form

Remember that you may be able to double or even triple the donation Greenwood receives through your company's matching gift program. Please check with your employer's human resource department to determine if your gift is eligible.

Date: _____

Amount: (Check one)

\$50\$100\$250\$500\$1000 Choose your own amount \$	5
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Personal Information: (will not be used for solicitation purposes)

First:	MI:	_ Last:	Title: (Dr., Mrs., Ms., Mr.)	
Street Address:				
City/State/Zip:				
Cell Phone Number:		Home	Home Phone Number:	
E-mail address:				

Payment Information:

Credit Card Type:Visa	Mastercard AmEx	Other:
Number:	Expiration (MM/YY): _	CVV

Signature: _____

_____ Check (Make check payable to Greenwood Wildlife Rehabilitation Center)

To make a donation, complete this form, print, and email or mail to: Greenwood Wildlife Rehabilitation Center P.O. Box 18987 Boulder, CO 80308 Email: director@greenwoodwildlife.org Phone: 303-823-8455

Is this a gift in honor or memory of someone else? ____ In honor of___ In memory of

_____ (name of person to be honored/remembered)

Name and mailing address/email of person you want Greenwood to notify of your gift:

Thank you for donating to Greenwood Wildlife Rehabilitation Center!