Greenwood
WILDLIFE REHABILITATION CENTER

Monthly and Annual Pledge Form

Monthly Amount
☐ $15 ☐ $25 ☐ $35 ☐ $50 ☐ $100 ☐ $Other: _____
Or
Annual Amount
☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,000 ☐ $Other: _____

Bill me:
☐ 1st of the month ☐ 15th of the month

Contact Information
Street Address
_____
City State Zip
_____
Phone number Alternate phone number
_____
(Phone number will not be used for solicitation purposes.)

Payment Information
☐ Credit Card type (Visa/Mastercard/AmEx): _____
Number:_____ Expiration (MM/YY):_____
Signature:_____

☐ Automatic monthly account withdrawal. Enclose first payment by check *(Make check payable to Greenwood Wildlife Rehabilitation Center).*

To make a donation, complete this form, print, and fax, email, or mail to:
Greenwood Wildlife Rehabilitation Center
PO Box 18987
Boulder CO 80308
Email: director@greenwoodwildlife.org
Phone: 303-823-8455
Fax: 303-823-5051

By signing up for the monthly or annual pledge program you authorize Greenwood Wildlife Rehabilitation Center to initiate a debit to your checking account or charge your credit card. This authorization is to remain in effect until written notification has been received to terminate the bill pay cycle.