



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 \$_____

Personal Information: *(will not be used for solicitation purposes)*

First: _____ MI: _____ Last: _____

Street Address: _____

City/State/Zip: _____

Cell Phone Number: _____ Home Phone Number: _____

E-mail address: _____

Payment Information:

Credit Card Type: Visa Mastercard AmEx Other: _____

Number: _____ Expiration (MM/YY): _____ CVV _____

Signature: _____

*Recurring donations: Charge \$_____ to this card monthly

By signing up for the monthly pledge program, you authorize Greenwood Wildlife Rehabilitation Center to charge your credit card on a monthly basis until you have informed us that you would like to terminate the payment cycle.

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

Please complete this form, print and mail to:
Greenwood Wildlife Rehabilitation Center
P.O. Box 18987 Boulder, CO 80308
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!