

MEMORIAL DONATION

Please fill out all of the following so we can meet your request as fully as possible!

I'm donating: \$ _____ Today's date: _____

My Name is: _____

My Address is: _____

My relationship to the deceased is _____

My phone number is: _____

I am a member I am not a member
 Please make me a member

I want to memorialize _____

Male Female

This is the way I would like the name to be listed in your next newsletter:

Please Notify: _____

Their Address is: _____

Their relationship to the deceased is: _____

They are members They are not members
 Please make them members

Please mention the deceased in your next possible newsletter

Please send them a letter telling them their loved one has been memorialized

Please send me a letter acknowledging this donation

Save a stamp, no need to thank me!

Anything else you'd like us to make sure to do? _____

Please allow 6-8 weeks for processing.

Send form and money to:

Northwoods Wildlife Center, Attn: Beth Burns

8683 Blumenstein Road

Minocqua, WI 54548

Questions? 715-356-7400 or babnwc@hotmail.com