



THINK WILD



PLEDGE FORM

Hospital Co-Sponsor

Donor Information

Name _____

Email _____

Phone _____

Mailing Address _____

City, State, Zip _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid now monthly yearly other _____

I (we) pledge to make this contribution in cash check PayPal other _____

Gifts will be matched by (family/foundation/company) _____

Form enclosed Form will be forwarded

Acknowledgement Information

Please use the following name(s) in acknowledgements _____

I (we) wish to have our gift remain anonymous.

Comments _____

Signature(s)

Date

Please make checks, PayPal, corporate matches or other gifts payable to:

Think Wild
PO Box 5093
Bend, Oregon 97708

www.paypal.me/thinkwild