



THINK WILD



PLEDGE FORM

Think Wild Promotional Sponsor

Sponsor Information

Company Name _____

Contact Name _____

Contact Email _____

Contact Phone _____

Mailing Address _____

Sponsorship Information

Sponsorship Level _____

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_____

Sponsorship Recognition

Please use the following name(s) in acknowledgements _____

___I (we) wish to have our gift remain anonymous. ___Logo is attached.

Recognition includes (to be filled out by Think Wild) _____

Contact Signature

Date

Think Wild Signature

Date

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

**Think Wild
PO Box 5093
Bend, Oregon 97708**

www.paypal.me/thinkwild