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WILDIZE FOUNDATION® DONOR FORM
For Specific Project, Grantee or Goods & Services

DONOR'S NAME _____

PROJECT _____

I would like to donate the following amount or product value: \$ _____

Donor's Mailing address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

email _____ Contact person _____

MY DONATION IS TO BE DIRECTED TOWARD A SPECIFIC PROJECT NAME OF PROJECT _____

DONATE (check one) ITEM (or) PRODUCT SERVICE
DESCRIPTION (please be specific and attach copies of receipts if applicable)

RESTRICTIONS (if any) _____

ESTIMATED TOTAL VALUE \$ _____ DATE OFFER EXPIRES (if any) _____

• IF GIFT CERTIFICATE TO BE PRODUCED / SUPPLIED BY: DONOR WILDIZE™ FOUNDATION

Check Enclosed - or - Please use my credit card Visa Master Card • PLEASE PRINT CLEARLY •

Name (as shown on card) _____

Card Number _____ Exp. Date _____

Billing Address _____

City _____ State _____ Zip Code _____ Telephone: _____

Fax _____ Email _____

Authorized Signature of Donor (or Card holder)

WildiZe Foundation® Contact

EIN #84-1549097

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We have only one Earth, If WE don't care, who will?*