2020 TCWR SIGN UP FORM

Recipient Name(s): ______________________________________________________________________________________

*If address for recipient(s) is different then purchaser address, please specify on back of form.

Name: _________________________________________________________________________________________________

Address: ______________________________________________________________________________________________

City, State, Zip: _______________________________________________________________________________________

Telephone Number: _____________________________________________________________________________________

Email: ________________________________________________________________________________________________

I would like to support Turpentine Creek Wildlife Refuge by:

☐ Adopting animal(s): $150 - All Animals Annually - No Membership

☐ Sponsoring animal(s) : Price Varies Per Animal Annually

☐ Includes Annual Pride Membership

☐ Membership Opt Out/Sponsorship 100% Tax-Deductible

☐ $700 Small Mammal/Bird

☐ $1,000 Small Cat

☐ $2,200 Cougar/Leopard

☐ $2,500 Lion/Tiger/Bear/Liger

Animal Name(s): __________________________________________ Species: _________________________________

Signing up for a membership:

☐ $45 Protect All Wildlife P.A.W. Club (6-13 yrs)

Member Name: _______________________________________________________________________________________

Email: _______________________________________________________________________________________________

Birthday: _____________________________________________________________________________________________

☐ $100 Pride (19 yrs+) Member + 4 guests.

☐ $300+/yr* The Friends of India

☐ $1,250+/yr* The Bam Bam Benefactors

☐ $3,000+/yr* The Kenny Fellowship

☐ $10,000+/yr* The Hilda Jackson Society

Kenny & Hilda New Member Sign Up Shirt Size

(Circle one) S M L XL 2XL 3XL

☐ Membership Gift Opt Out - All donation over $100 tax-deductible

☐ I acknowledge that by joining a Membership Tier I am pledging to donate the same amount for at least 2 years.

Giving an additional donation of $ ____________________________

Supporter Signature ________________________________ TCWR Authorized Signature ____________________________

Total Paid: $ ___________ Date: _______________ Ck# or CC: __________________________________________________

Exp Date: ___________ CVC: __________ Check if: ☐ Paid with Cash ☐ Membership given in gift shop

Please visit our website to learn more about tax-deductible donations.

Tax ID: #71-0721742

THANK YOU FOR YOUR SUPPORT!