



Pledge Information

I/We wish to make a gift to The Future of Wolves Campaign to benefit Wolf Haven International.

I/We commit the following:

Total Amount of Gift: \$ _____
Initial Payment: \$ _____
Balance: \$ _____

Payable: One-time or Over 1 Year 2 Years 3 Years Beginning Date: ____/____/____

Payment Reminder Schedule (circle one): Monthly / Quarterly / Semi-Annually / Annually

Contact Information

Name(s): _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Payment

Credit Card (circle one): Visa / Master Card / Amex

CC#: _____ **Exp:** _____ **CSV:** _____

Please make checks payable to: Wolf Haven International

Recognition

- For Donor Recognition, my/our name(s) will be listed as written above.
- Please recognize my/our name(s) as follows: _____
- I wish to remain Anonymous.
- My gift is in Honor/Memory of: _____

Signature: _____ **Date:** ____/____/____

Questions about your pledge? Interested in making an estate gift? Contact development@wolfhaven.org

Thank You for supporting the Future of Wolves!