

Please mail completed form to address at bottom of page.

Membership Information Sheet

Name (as you would like for it to appear on the membership card):

Date (for our records): _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail: _____

Please enter/renew my membership at the following level:

_____ Fawn, **\$15** (Child/Student)

_____ Feathered Friend, **\$35** (Individual Membership)

_____ Furry Family, **\$50** (Family Membership)

_____ Wildlife Partners, **\$100** (Group/Organization)

_____ Raptor, **\$500** (Key Supporter)

_____ Eagle, **\$1000** (Life-Line Supporter)

_____ My check, payable to WWC, is enclosed.

_____ Also enclosed is an additional tax deductible gift of \$_____ for
general operating support.

_____ Please send me information about becoming a WWC volunteer.

Wildcat Wildlife Center
4709 N, 400 W, Delphi, IN 46923
Phone/Fax: (574) 686-3069
E-Mail: wwcwild@cs.com
Website: <http://www.wildcatwildlifecenter.org/>