

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)

_____ Songbird, \$100

_____ Wildlife Partners, \$150 (Group)

_____ Raptor, \$500

_____ Eagle, \$1000

_____ 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 46923-9085
Phone/Fax: (574) 686-3069
E-Mail: wwcwild@cs.com
Website: <http://www.wildcatwildlifecenter.org>