



BC Wildlife Park
Kamloops

Yes, I wish to support the Animal Health and Rehab project at the BC Wildlife Park.

Name: _____

Address: _____

City: _____ P/C: _____ Tel# _____

I wish to make a total contribution of \$_____, to be paid as follows:

Monthly installments of \$_____ for ___ 5 years or ___ years

Annual donation of \$_____ for ___ 5 years or ___ years

A one time donation of \$_____

PAYMENT OPTIONS

By cheque (we will send annual reminders)

_____ First installment enclosed OR

_____ First installment will be paid on ___/___/___ (mm/dd/yy)

By pre-authorized debit starting on ___/___/___ (mm/dd/yy)

_____ From chequing account (Void cheque attached)

_____ Visa _____ Mastercard

Card# _____ Expiry ___/___

___ I wish to receive additional information regarding: ___ planned giving

___ I wish my donation to remain anonymous

Signature of donor: _____

Name as it will appear on Donor Recognition: _____

In the event of changes to my personal circumstances, I understand that I may modify or cancel my pledge at any time.

Charitable Registration Number: F7109 (1192981490001) Society #S-7109

Name and address for tax receipt if different from above: _____

BC Wildlife Park, 9077 Dallas Drive, Kamloops, BC V2C 6V1

Fax: (250) 573-2406

www.BCzoo.org