

MONTHLY SUSTAINER ENROLLMENT

Ensure compassionate, life-long care for abused, abandoned, and exploited exotic animals.



NAME(S) _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: _____ EMAIL: _____

I'd like to make a: _____ One-Time Gift _____ Monthly Gift

Gift Amount: _____ \$10 _____ \$25 _____ \$50 _____ \$100 \$ _____ Other

Please process my gift on the _____ 1st of the month _____ 15th of the month _____ 25th of the month

Start Date (optional) _____ / _____ (mm/yyyy)

CHECKING ACCOUNT

Please enclose one of the following:

- A blank voided check
- Check for your first monthly gift

This option avoids credit card fees so that more of your gift supports the animals

OR

DEBIT/CREDIT CARD

- VISA Discover
- MasterCard AMEX

CARD# _____

EXPIRATION DATE: _____

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the on-line donation form at www.keepersofthewild.org or by contacting Keepers of the Wild by phone or mail. All donations provided to Keepers of the Wild originating from ACH transactions comply with U.S. law.

*Signature _____ *Date _____ (Required)

KEEP THIS PORTION FOR YOUR RECORDS

You may increase, decrease, or suspend your gift at any time through the on-line donation form at www.keepersofthewild.org or by contacting Keepers of the Wild by phone or mail. All donations provided to Keepers of the Wild originating from ACH transactions comply with U.S. law.

Monthly Gift Amount \$ _____ by: Checking Account Debit/Credit Card

Start date: _____ Gift transfer will occur on the _____ 1st _____ 15th _____ 25th

One-Time Gift Amount \$ _____