

WEST MICHIGAN WILDLIFE CENTER



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: Kent Ottawa Allegan Other: _____

Phone: (____) _____ E-mail: _____

Animal: _____ Number of Animal(s): _____

Reason for Admission: _____




Location found (If different from above): _____

All treatment is funded by donation. We receive no money from City, State or Federal Government and are 100% volunteer run. Would you like to make a tax-exempt donation to help with the care of this animal you rescued?

DONATION AMOUNT: _____

PAYMENT TYPE: Cash Check Card (see below)



	<p>Make a tax-deductible donation for the animal you rescued by scanning here or visit: westmichiganwildlife.org/support</p>		<p>Thank you!</p> 
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