

WEST MICHIGAN WILDLIFE CENTER



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () _____

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. 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)

SCAN THE QR CODE BELOW TO DONATE WITH CARD:

