

THE WILD FOR LIFE FOUNDATION
Seeds of Life Compassionate Monthly Giving Fund

Monthly Gift Pledge Form

Yes! I'm excited about helping Wild For Life Foundation!

Seeds of Life Legacy Fund – Compassionate Monthly Giving levels:

Compassionate Guardian: \$416.66 mo (total annual donation \$5,000)

Compassionate Champion: \$833.33 mo (total annual donation \$10,000)

Compassionate Dignitary: \$2,083.33 mo (total annual donation \$25,000)

Compassionate Guardian: \$4,166.66 mo (total annual donation \$50,000)

Or choose your own monthly gift amount:

I would like to make a meaningful gift of _____ monthly toward this annual fund.

I will sign up for automatic payments online

I would like to use my credit card for monthly donations directly to this fund

Donate with Debit or Credit card:

Card #: _____ Expires: _____ Security Code: _____

First Name: _____ Last Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email: _____

I'll pay this pledge monthly by mail. Please remind me about this pledge by _____ (date) each month.

Name of individual to recognize with your donation: _____, or

Make this donation anonymously.

Signature: _____

Date: _____

Thank you for supporting the Wild For Life Foundation.

Please mail this form with your check, money order or payment information to:

Wild For Life Foundation, 19510 Van Buren Blvd, #F3236, Riverside, CA 92508

www.WildForLifeFoundation.org

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