



## Memorial Gift Form

Please select a gift amount:

- \$25     
  \$50     
  \$75     
  \$100  
 \$250     
  \$500     
  \$1000     
 Other: \_\_\_\_\_

This gift is in memory of \_\_\_\_\_

**Donor Information:** (please print)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please make checks payable to Hawaii Wildlife Center and mail to:

Hawaii Wildlife Center  
 P.O. Box 551752  
 Kapaau, HI 96755

**We will mail a donation acknowledgement letter to the address above when we receive your gift. Please do not hesitate to contact us if you have a special request or comment about your contribution.**

(Tel) 808-884-5000  
[info@hawaiiwildlifecenter.org](mailto:info@hawaiiwildlifecenter.org)  
[www.hawaiiwildlifecenter.org](http://www.hawaiiwildlifecenter.org)