



Donation Form

I would like to support the Hawai'i Wildlife Center!

Donation Amount: _____ **Date:** _____

I am paying by: Check Cash

Donor Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email:** _____

Please keep my donation anonymous

Please mail my tax receipt

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

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

Mahalo Nui Loa for Your Support!

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