



Willowtail Springs Nature Preserve and Education Center Pledge Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of: \$ _____

This pledge is to be paid: one time gift now monthly quarterly yearly

I (we) plan to make this contribution in the form of: cash check credit card

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Please check here if the gift will be matched

Please indicate the company/family/foundation that will be matching the funds:

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Please check one: form enclosed or form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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Please check here if you wish to have our gift remain anonymous

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

WTSNPEC
 P O Box 89
 10451 Road 39
 Mancos, Colorado 81328