



**Wildlife Critters Circle of Life Rehabilitation Center, Inc.**  
160 Cross Road  
Covington, GA 30016

Phone: 912-658-9226

EIN# 20-4199698

## Sponsorship

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Email: \_\_\_\_\_@\_\_\_\_\_. \_\_\_\_\_

**I would like to sponsor a Critter in need. This sponsorship will help**  
\_\_\_\_\_. **I agree to donate \$**\_\_\_\_\_.  
(Critter to help) (Amount to pledge)

**Please check below to indicate how often you would like to donate.**

**This pledge is:**

- \_\_\_ **One Time Only**
- \_\_\_ **Monthly**
- \_\_\_ **Bi-monthly**
- \_\_\_ **Annually**

**Any donation over \$50.00 will receive a Critter cup, pen and key chain. ALL donations are appreciated, no matter the amount! Every little bit counts.**

\_\_\_ **I consent to my name and contribution being posted on the Wildlife Critters Circle of Life Wildlife Rehabilitation website, [www.WLCritters.com](http://www.WLCritters.com).**

\_\_\_ **I would like to keep my name and contribution private.**

**X** \_\_\_\_\_  
Signature Date

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**THANK YOU FROM THE CRITTERS**