## I/We want to help keep Voyageurs WILD FOREVER



1		
Name(s)		
Address		
City	State	Zip
Email Address		
Primary Phone	Secondary Phone	
MY/OUR GIFT OR PLEDGE IS FOR THE FOLLOWIN	IG PURPOSE(S):	
<ul><li>■ Voyageurs Conservancy Annual Fund</li></ul>	, ,	
		\$
		 \$
Forever Wild Composing LW/LLV	Next Conservation White Foresting a Decilion	
	s, Next Generation, Visitor Experience, Resiliency etc.	¢
		\$
Other Project or Initiative		
		\$
		\$
М	Y/OUR COMMITMENT FOR THE SUPPORT DESCRIBED ABOV	/E TOTALS \$
3 I/WE INTEND TO GIVE THIS GIFT IN THE FOLLOW	INC WAY.	
☐ The total of \$is enclosed		
	osed.   The remaining amount will be completed by	/
	DISCOVER Credit Card Number:	
Name on Card:	Expiration Date:/CVV Code:	Billing Zip:
□\$Now □\$	Monthly □\$Quarterly □\$	Annually/
	ofyears. Please send gift amount remin	
☐ Quarterly (months///\$	each quarter. 🗌 Annually/ea	ch year.
MY/OUR GIFT WILL BE MATCHED BY (COMPA	ANY):	
5   I/WE WOULD LIKE TO RECEIVE INFORMATIO	N ABOUT INCLUDING VOYAGEURS IN MY/OUR ESTATE PLAN	l.
6Signature		 Date
OR I/WE WOULD LIKE TO BE RECOGNIZED AS:		



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