I/We want to help keep Voyageurs WILD FOREVER



1		
Name(s)		
Address		
City	State	Zip
Email Address		
Primary Phone	Secondary Phone	
2 MY/OUR GIFT OR PLEDGE IS FOR THE FOLLOWIN	IG PURPOSE(S):	
☐ Voyageurs Conservancy Annual Fund	, ,	
		\$
		 \$
- Forever Wild Composing LW/LdV	Next Conservation White Foresting a Decilion	¥
	s, Next Generation, Visitor Experience, Resiliency etc.	¢
		D
		\$
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 FOLLOWI	ING WAY	
☐ The total of \$is enclosed		
	osed. 🗌 The remaining amount will be completed by	//
	DISCOVER Credit Card Number:	
	Expiration Date:/CVV Code:_	• .
□\$Now □\$I	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 LI I/WE WOULD LIKE TO RECEIVE INFORMATIO	N ABOUT INCLUDING VOYAGEURS IN MY/OUR ESTATE PLAN	l.
Gignature		 Date
_		
OR I/WE WOULD LIKE TO BE RECOGNIZED AS:		

