

# SAWGRASS NATURE CENTER & WILDLIFE HOSPITAL

## LEAVE A LEGACY

*When you leave a legacy, you make a difference today  
and in the lives that follow.*

Share our concern about our unique and fragile South Florida environment, spread the joys and share the sense of wonder of our world around us, stimulate the excitement of curiosity and awareness of our world, and encourage preservation of our natural ecology.

- Perhaps you would like to leave a charitable gift to the Nature Center in your will, through an insurance policy or other financial investment.
- Consider naming the Sawgrass Nature Center as the beneficiary of your IRA or pension plan.
- Encourage others to remember the Nature Center in their financial plans.
- Or perhaps you would like to leave a gift in memory of a loved one.

Be sure to contact a professional- a financial planner, lawyer, accountant or insurance agent to discuss how such a charitable gift can benefit you.

***YOUR GIFT IS A LASTING TRIBUTE***

*OR*

### **Consider becoming a member of the Sawgrass Nature Center & Wildlife Hospital**

- |  |           |  |         |
|--|-----------|--|---------|
| <input type="checkbox"/> Eagle Benefactor                        | \$2,000 + | <input type="checkbox"/> Falcon Benefactor | \$1,000 |
| <input type="checkbox"/> Hawk Sponsor                            | \$500     | <input type="checkbox"/> Heron Patron      | \$250   |
| <input type="checkbox"/> Tortoise Patron                         | \$100     | <input type="checkbox"/> Owl Supporter     | \$50    |
| <input type="checkbox"/> Fox Family                              | \$30      | <input type="checkbox"/> Dove (Individual) | \$20    |
| <input type="checkbox"/> Fledgling (under 18 years of age)       |           |  | \$10    |
| <input type="checkbox"/> Sawgrass Nature Center Endowment Donor: |           |  |         |

Please accept my contribution of \$ \_\_\_\_\_

In Memory of/ Honor of \_\_\_\_\_

Please send me Volunteer Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Tel # ( ) \_\_\_\_\_ E mail: \_\_\_\_\_

Mail to the: **Sawgrass Nature Center & Wildlife Hospital**

3000 Sportsplex Dr Coral Springs, Fl. 33065

(954) 752-WILD

**sawgrassnaturecenter.org**

Donations are tax-deductible under sec. 501 ( c ) (3)