

# SAWGRASS NATURE CENTER & WILDLIFE HOSPITAL

## **IN MEMORY OF REQUEST FORM**

Please accept my donation of \$ \_\_\_\_\_ in  
Memory of \_\_\_\_\_

(DONATIONS OF \$50.00 OR MORE WILL BE LISTED IN OUR NEXT NATURE NEWS)

☐ A BELOVED PET

- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | We would like to be listed in the Nature News   | \$50.00  |
| <input type="checkbox"/> | We would like a plaque in the Memorial Garden   | \$100.00 |
| <input type="checkbox"/> | We would like a Tree Planted in Memory of...    | \$200.00 |
| <input type="checkbox"/> | We would like a Rocking Chair in Memory of...   | \$300.00 |
| <input type="checkbox"/> | We would like a Bench in Memory of...           | \$400.00 |
| <input type="checkbox"/> | We would like an Aviary/Habitat in memory of... | \$1,000. |
| <input type="checkbox"/> | We would like an Engraved Leaf in memory of...  | \$ _____ |
|                          | (Copper \$100. Silver \$250. Gold \$500. )      |          |

**Our Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Tel. #.:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E Mail** \_\_\_\_\_

**Please send an acknowledgement of this memorial donation to:**

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

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

**Other Naming Opportunities are available (aviaries, habitats, buildings, etc.,)**

**Please call for additional information (954) 752 WILD (9453)**

**PLEASE MAKE CHECKS PAYABLE TO THE: Sawgrass Nature Center**

**Mail to: 3000 Sportsplex Dr. Coral Springs, FL. 33065**

A copy of the official registration and financial information may be obtained from the division of consumer services by calling 1-800 435-7352. Registration does not imply endorsement, approval or recommendation by the state. Donations are tax deductible under section 501 C3.