

***TREE OF LIFE* Gift Form**

Name of person to be honored_____

Reason for tribute (Memorial, birth, etc.)_____

Amount of your donation \$_____

Please mail notification of this tribute to:

Name_____

Address_____

City, State, Zip_____

This donation is from:

Name_____

Address_____

City, State, Zip_____

Email_____ Phone_____

Mail or bring this completed form to:

The Wilderness Center, Inc.

P. O. Box 202

Wilmot, Ohio 44689

If you have questions, please e-mail Laurie Howard at:

laurie@wildernesscenter.org

or

Call (330) 359-5235; Toll Free 877-359-5235.