

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 Gina Mast at: gina@wildernesscenter.org or call (330) 359-5235

Mail to: The Wilderness Center, Inc. - P O Box 202 - 9877 Alabama Ave SW - Wilmot, Ohio 44689