



CONTRIBUTION LEVEL:

- Hummingbird—\$15 (Students & Seniors)
- Warbler—\$35 (Individuals)
- Osprey—\$50 (Households)
- Falcon—Contributions > \$50 Amount: \$ \_\_\_\_\_

MEMBER INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

PAYMENT OPTIONS:

- I would like to pay by check made payable to Tropical Wings, Inc.
- I would like to pay by credit card Card Type: \_\_\_\_\_  
 Card #: \_\_\_\_\_ CSC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Billing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADDITIONAL INFORMATION:

- I would like to make this gift in honor of: \_\_\_\_\_
- Please keep my name anonymous



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