

Pledge Form



Wilderness to Wellness

Hike. Help. Heal.

The pledge form can also be completed online at www.WildernessToWellness.org

Hiker Name _____

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to Wilderness to Wellness on behalf of the hiker listed above.

I (we) plan to make this contribution in the form of: cash check credit card other

Debit/credit card donations can be made online through www.WildernessToWellness.org

I (we) would like a receipt for the donation by mail email.

I (we) wish to be billed using the billing information above. (Billing is only available for those paying by check.)

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to:

Wilderness to Wellness
PO Box 813
Lyman, WA 98263
360-826-2581
contact@wildernesstowellness.com