

Mail forms to:
The Center for Birds of Prey
Post Office Box 1247
Charleston, SC 29402



843-971-7474 (Office) | 843-971-7029 (Fax)
EIN #: 57-0966813

Donation Form

Donation Amount: _____

Payment Method

Enclosed is my check.

Please charge my card.

Donor Information (As it should be displayed on all acknowledgements)

Name

 Address

City, State, & Zip Code

 Phone

 Email

**Please check the box by your preferred method of contact.*

Make this gift anonymously (your name will not appear in our donor honor roll).

My company will match this gift (please enclose matching gift form).

Credit Card Information

Card Type Visa MasterCard Discover American Express

Card Number

Billing Zip Code

Expiration Date | Month: _____

Year: _____

CSV #: _____

Signature: _____

This contribution is: a personal membership a gift membership for; in honor of; in memory of;

Address: _____

Thank you for your support!

Please tell me more about: Volunteering Corporate Sponsorship Planned Giving Stock Gifts