

SPONSOR A WOLF / FOX

WOLF CREEK HABITAT

SPONSOR NAME: _____

SPONSOR (1) GUEST: _____

(PER VISIT)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE/CELL: _____

EMAIL: _____

(PLEASE PRINT CLEARLY)

SPONSORED WOLF / FOX: _____

AGE: _____

COLOR: _____

TODAY'S DATE: _____ **EXPIRES:** _____

\$350 YR CASH: ___ CK: ___

CC#: _____

EXP: _____ CODE: _____

YOUR SPONSORSHIP GOES TO CARING & FEEDING THE WOLVES

WOLF CREEK HABITAT & RESCUE

14099 WOLF CREEK RD

BROOKVILLE, IN 47012

OFFICE: 765-647-4735

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www.wolfcreekhabitat.org