



Wildlife Inspired Lasting Legacies

Florida Wildlife Hospital (FWH)

W.I.L.L. you answer the call?

Name(s) _____

Address _____

City _____ State _____ Zip _____

Mobile phone _____ Home phone _____

Email _____

I (we) accept membership in the W.I.L.L.

- I (we) have included FWH in our will or living trust
 - I (we) have named FWH beneficiary of a retirement account, insurance policy or deferred annuity.
 - I (we) have made other estate provisions for FWH
- I (we) would like to remain anonymous in all lists and publications

Gift description: _____

**Copies of documents where FWH is named to receive a gift is appreciated but not required*

Approximate value of the gift at this time \$ _____ (not required)

I (we) would like our gift applied:

- Animal care only
- Where the Executive Director and Board of Directors sees fit
- Other _____

I understand this is not a legally binding document

Signature

Date

Please return your completed form to:

Florida Wildlife Hospital W.I.L.L.

4560 N. U.S. Highway 1

Palm Shores, FL 32935

Or email to fwh@floridawildlifehospital.org