

Manatee Rehabilitation Partnership Credit Card and Check Donation Form

Name _____

Address _____

City/State/Zip _____

Amount of Purchase: _____

Method of Payment: Visa or MasterCard or Check (please circle one)

Name on Card _____

Card # _____

Expiration Date _____

Daytime Telephone Number _____

Signature _____

Description of Merchandise:

_____ *Donation to Manatee Rehabilitation Partnership* _____

Please print out and mail completed form with credit card information or personal check to:

***Wildlife Trust MRP
1601 3^d St. South, Suite F
St. Petersburg, FL 33701***