

Taxidermy Contribution Form



Name _____ Date _____
Business Name _____
Address _____ City _____
State/Province _____ Zip/Postal Code _____ Country _____
Phone _____ Fax _____ Email _____
Website _____

I would like to donate:

_____ Mount (Please list the type and species including the dollar value for each.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

I would like to donate:

_____ Full donation of mount
_____ Time and service only (I would like to ask Dream Pursuit to cover the cost of materials)
_____ Other (explain) _____

_____ Donation will include shipping to participant _____ Donation will not include shipping to participant

I am willing to provide a finished product due to the participant's medical condition within:

_____ Less than 1 month _____ 1-3 months _____ 3-6 months _____ 6-9 months _____ 9-12 months _____ 12 months

Please print and return completed form to:

**Dream Pursuit, Inc.
PO Box 888
Dexter, MO 63841**

Should you have any questions, don't hesitate to email us at dream@dreampursuit.org or call 573.421.5580 and thank you for your kindness and compassion!