



Animal Care Club Application

Purchaser Information:

Today's Date: _____

Name: _____

Organization (if Applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mail to:

Name: _____

Organization (if Applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name to appear on Honorary Zookeeper Certificate & Member ID:

Animal to be Adopted: _____

If this is a gift, what is the occasion? _____

How would you like the card signed? _____

Level of Adoption:

\$25 \$50 \$100 \$500 \$1000

Name to appear on brick (\$1000 adoption only): _____

Method of Payment:

Check enclosed payable to Jacksonville Zoo and Gardens

VISA MC DIS AMEX

Credit Card # _____

Exp. _____ CVV # (3 digit number on back of card) _____

Authorized Signature: _____

PLEASE ALLOW 2-3 WEEKS FOR PROCESSING.

Jacksonville Zoo and Gardens

Attn: Animal Care Club

370 Zoo Parkway, Jacksonville, FL 32218

Phone: (904) 757-4463, ext. 145 Fax: (904) 757-4315

This donation is tax deductible and is valid for a period of one year.