

# ZOO PAL

## Animal Adoption Program



### Zoo PAL Enrollment Form

(Please Print)

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name to appear on recognition display:

\_\_\_\_\_

Animal: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Please do not send any premiums -use my donation for the animals only.

Payment method:

Check

Credit Card (Master Card, VISA, Discover, AMEX): # \_\_\_\_\_

CVV# \_\_\_\_\_ Expiration date: \_\_\_\_\_ Signature: \_\_\_\_\_

Send to: The Toledo Zoo, Zoo PAL Program, P.O. Box 140130, Toledo, Ohio 43614-0130  
419-385-5721 • FAX: 419-385-6920 • e-mail: [zoopal@toledozoo.org](mailto:zoopal@toledozoo.org)

#### Please enter a GIFT Enrollment for:

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name to appear on recognition display:

\_\_\_\_\_

Animal: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Please send gift Zoo PAL materials directly to recipient with a card.

Wording / name to appear on card:

\_\_\_\_\_

Please send Zoo PAL materials to me for presentation