

SENECA PARK ZOO SOCIETY
ZOOPARENT ORDER FORM

ANIMAL ADOPTED: _____

ZooParent

Name: _____

Address: _____

City: _____ St _____ Zip _____

Phone: (____) _____

E-mail: _____

Gift Giver (If this is a gift, please allow 2 weeks to process.)

Name: _____

Address: _____

City: _____ St _____ Zip _____

Phone: (____) _____

E-mail: _____

If the ZooParent is an honor or memorial gift:

_____ In honor of _____

_____ Occasion _____

_____ In memory of _____

_____ Bereaved _____

_____ Address of bereaved _____

_____ City _____

_____ St _____

_____ Zip _____

For honor gifts we will notify the honoree.

For memorial gifts we will notify the bereaved family.

Send Materials

_____ To ZooParent (or Bereaved) with this message:

_____ To Gift Giver

AMOUNT OF GIFT \$ _____ (\$30 minimum)

_____ Check payable to: **Seneca Park Zoo Society**

_____ Credit Card (circle one) V MC DC AmEx

_____ Card # _____

_____ VIN# _____

_____ Exp. Date _____

_____ Signature _____

_____ Please use my entire contribution for the animals
and don't send ZooParent materials

_____ Please send all materials (certificate, etc.)