

zoo parent

[SPONSOR ANY ANIMAL IN THE ZOO]

Looking for the purr-fect gift? Or maybe you want to treat yourself to something wild? Sponsor any resident at the Sacramento Zoo with a tax-deductible donation and join the Zoo Parent program!

Be sure to visit the Member & Visitor Services office or saczoo.org/zooparent to learn about Zoo Parent specials.

Hurry, these are limited!

FOR A LIST OF ANIMALS, VISIT saczoo.org/zooparent



ZOO PARENT PACKAGES

All Packages Include:

- Personalized certificate of zoo parenthood
- Fact sheet about your animal
- "Sac Zoo" sticker
- Subscription to the zoo's e-newsletter

\$25 Critter Club

All the same benefits listed above plus

- Two half-price zoo admission coupons

\$50 Family Flock

All the same benefits listed above plus

- 5x7" color photo of your animal

\$100 Leader of the Pack

All the same benefits listed above plus

- Two guest passes to the zoo
- Ride passes

\$250 Species Supporter

All the same benefits listed above plus

- Two additional guest passes to the zoo
- Recognition in the zoo's annual report

\$500 Animal Ambassador

All the same benefits listed above plus

- Six additional guest passes to the zoo
- Invitation to annual donor event

\$5 * Goes directly to zoo's Species Survival Program®

\$5 5x7" color photo (optional)

TOTAL _____

* ZOO SPECIES SURVIVAL PROGRAM® Please add an additional \$5 for sponsoring an animal managed by the Association of Zoos and Aquariums Species Survival Plan® programs. The zoo partners with SSP® programs to guide the management of animal populations and help ensure the survival of selected wildlife species.

ZOO PARENT INFORMATION

NEW RENEWAL GIFT (PLEASE CIRCLE ONE)

ANIMAL _____

Name _____

Name (as it will appear in certificate and showcase) _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Green Parent? (EMAIL UPDATES ONLY) YES / NO

IS THIS A GIFT?

GIFT GIVER INFORMATION

Send Zoo Parent gift: To Gift Recipient To Me

Send Zoo Parent renewal: To Gift Recipient To Me

Name _____

Address _____

City/State/Zip _____

Phone _____

Gift Message _____

PAYMENT

Cash Check MC Visa AmEx DISC

Card Number _____

Exp. Date _____ Card Verification _____

Billing Zip Code _____

I agree to pay for services/products as outlined above:

Signature _____ Date _____

office use only:

RCV 'D: AMT: B/A/M____/____/____

PHO: PRE: SENT BY: ON:

