

Name:	
Address:	
City:	Province:
Postal Code:	E-Mail:
Telephone (ho	me): ()Telephone (business): ()
☐ I wish to joi	n the donor email newsgroup (please check box)
Please accept	my gift of:
☐ I wish to ma	ake a one time donation of \$\square\$ \$25 \$\square\$ \$50 \$\square\$ \$100 \$\square\$ \$500 Other \$
	ake an automatic monthly donation of \$ (minimum \$10) withdrawn from my t on the 15 <sup>th</sup> of each month (Please enclose a cheque marked "void" or enter your credit card in below)
Method of Pag	yment:
☐ Cheque (mad	de payable to the Toronto Zoo)
□ VISA*	MasterOard  Continues  Continues
Card Number:	Expiry Date: /
Card Holder N	ame: Signature:
donor names with si	s andbuild astronger constituency in support of the Toronto Zoo we will occasionallyexchange lists of select milar charitableorganizations.  ave my name exchanged.
☐ I prefer not to ha	ave my name publicly recognized for my contribution.
	ation on this form is collected under the authority of the City of Toronto Act, 2006, s.409. The information is for the Development Division.
Charitable Reg. No.	BN 11921 6398 RR0001
9	THANK YOU FOR YOUR SUPPORT OF TORONTO ZOO'S CONSERVATION, EDUCATION AND RESEARCH PROGRAMS!