

I want to support the



Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ E-Mail: _____

Telephone (home): (____) _____ Telephone (business): (____) _____

I wish to join the donor email newsgroup (please check box)

Please accept my gift of:

I wish to make a one time donation of \$25 \$50 \$100 \$500 Other \$ _____

I wish to make an automatic monthly donation of \$ _____ (minimum \$10) withdrawn from my account on the 15th of each month (Please enclose a cheque marked "void" or enter your credit card information below)

Method of Payment:

Cheque (made payable to the Toronto Zoo)

  

Card Number: _____ Expiry Date: ____ / ____

Card Holder Name: _____ Signature: _____

DONOR PRIVACY

To help reduce costs and build a stronger constituency in support of the Toronto Zoo we will occasionally exchange lists of select donor names with similar charitable organizations.

I prefer not to have my name exchanged.

I prefer not to have my name publicly recognized for my contribution.

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, s.409. The information is for the administration of the Development Division.

Charitable Reg. No. BN 11921 6398 RR0001

**THANK YOU FOR YOUR SUPPORT OF TORONTO ZOO'S
CONSERVATION, EDUCATION AND RESEARCH PROGRAMS!**