ANIMAL AND PLANT A.D.O.P.T. FORM

PLEASE ALLOW UP TO 2 WEEKS FOR PROCESSING

___ $30.00 Animal A.D.O.P.T.
- A.D.O.P.T. certificate with color photo
- Education fact sheet on selected animal

___ $50.00 Animal A.D.O.P.T.

Features listed above, plus:
- Special one-of-a-kind A.D.O.P.T. ornament*

___ $100.00 Animal A.D.O.P.T.

Features listed above, plus:
- 25% off Zoo Shop purchase

___ $250.00 Animal A.D.O.P.T. and Zoo Tour

Features listed above, plus:
- Docent-led Zoo tour for six (6) people

___ $500.00 Animal A.D.O.P.T. and Commissary Tour

Features listed above, plus:
- Docent-led Zoo tour, including behind the scenes tour of the commissary, for six (6) people

___ $1000.00 Animal A.D.O.P.T. and Meet the Keeper

Features listed above, plus:
- Meet the keeper of your A.D.O.P.T. animal
- Distinguished Donor Membership into the Andrew Erkenbrecher Society

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___ $30.00 Plant A.D.O.P.T.
- A.D.O.P.T. certificate with color photo
- Education fact sheet on selected animal

___ $50.00 Plant A.D.O.P.T.★

Features listed to the left, plus:
- Live test-tube Venus Fly-Trap or Rupicola African Violet grown with the technique CREW uses for endangered species.

ISSUE A.D.O.P.T. TO:
(please print)

Person's Name to be printed on Certificate:

_____

Choose A.D.O.P.T. animal or plant from Animals and Plants Available to A.D.O.P.T. list on website, then fill in selection here:

_____

Ornaments and test tube plants are listed on the Zoo's Animals and Plants Available to A.D.O.P.T. webpage and will be fulfilled based on availability.

* Ornament preference (list top three)_____

★ Test Tube Plant preference _____

☐ Make my A.D.O.P.T. GREEN

A.D.O.P.T. Recipient Information

Name: _____

Address: _____

City/State/Zip:_____

Phone: _____

E-Mail Address: _____

☐ Please e-mail me updates from the Zoo

PAYMENT INFORMATION

Order Date: _____

$_____ Contribution enclosed

Please make checks payable to *Cincinnati Zoo* or charge to:

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

_____ _____
(Account Number) (Expiration Date)

_____ _____
(Signature of Cardholder) (Print Name on Card)

**A.D.O.P.T. contributions, less value of benefits received, are 100% tax deductible*

SEND AS A GIFT FROM: Membership # _____
(please print)

Name: _____

Address: _____

City/State/Zip:_____

Phone: _____

E-Mail Address: _____

SEND MATERIALS TO:

☐ Gift Recipient ☐ Gift Giver

Sign gift card from:_____

Type/Date of Occasion:_____
(Birthday, Anniversary, Holiday, etc.)

Mail completed form with payment to: Cincinnati Zoo & Botanical Garden
A.D.O.P.T. Program
3400 Vine Street
Cincinnati, OH 45220

Revised 4/08 OFFICE USE ONLY: Date Received_____ Date Fulfilled_____ Fulfilled by_____