CINCINNATI ZOO & BOTANICAL GARDEN
Adventure • Conservation • Education • Community

GROUP/SCHOOL A.D.O.P.T. FORM

PLEASE ALLOW UP TO 2 WEEKS FOR PROCESSING

___ $50.00 A.D.O.P.T.
- 32 Wallet-size photos of your A.D.O.P.T. animal or plant
- A.D.O.P.T. Certificate with color photo
- Education Fact Sheet on selected animal or plant

___ $100.00 A.D.O.P.T.
Features listed above, plus:
- 32 animal trading cards (see list of available trading cards on our website)

___ $250.00 A.D.O.P.T.
Features listed above, plus:
- Zoo Book for your classroom library

___ $500.00 A.D.O.P.T. and Animal Program
Features listed above, plus:
- Special Zoo Animal Program for classroom at Zoo's Education Center*

___ $1000.00 A.D.O.P.T. and Meet the Keeper
Features listed above, plus:
- Meet animal keeper of your A.D.O.P.T. animal*

*****_Scheduled during a Zoo field trip. Visit our website to plan your field trip today._

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

Group/School 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:

_____

Trading cards are listed on the Zoo's Animals and Plants Available to A.D.O.P.T. webpage and will be fulfilled based on availability. Trading card preference (list top three):

_____

☐ 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:
(please print)

Teacher or Contact Name: _____

School, Organization, or Company Name _____

_____

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_____