

ADOPT AN ANIMAL PAYMENT INFORMATION

BILLING INFORMATION:

Donor/Buyer Name:

Apt/Unit Number:

Street:

City:

Province:

Postal Code:

Country:

Phone Number:

Email:

RECIPIENT INFORMATION (if applicable):

Recipient Name:

Apt/Unit Number:

Street:

City:

Province:

Postal Code:

Country:

Phone Number:

Email:

ADOPT INFORMATION:

Animal:

Package Type:

Send Package To:

Donor

Recipient

Send Renewal To:

Donor

Recipient

TO/FROM CARD:

To:

From:

Message:

Toronto Zoo respects the privacy of its donors

May we exchange your name with similar charities?

Yes

No

Would you like your donation to remain anonymous?

Yes

No

PAYMENT INFORMATION:

Payment Type:

Visa

MasterCard

American Express

Cash

Cheque

Debit

Card Number:

Expiry Date:

/

Signature:



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