

annual fund

membership

Mr. Mrs. Ms. Dr. Other

Name _____

Organization name (if applicable) _____

Address _____

City _____

State _____

Zip _____

Personal phone _____

Business phone _____

Email _____

My gift is: In honor of In memory of

Please notify: _____

Address _____

Phone _____

gift amounts: (check box)

\$25,000 \$10,000 \$5,000 \$2,500 \$1,000

\$500 \$250 Other \$ _____

*If making a gift of \$250 or more, please complete the Zoo membership form on the back panel.

payment options for gifts \$1,000 or more: (check box)

12 payments 4 payments 2 payments

1 payment Other _____

payment method:

Check AMEX Visa MasterCard Discover

Credit card number _____

3-digit security code _____

Exp. date _____

Signature _____

Date _____

My company will match my gift

I do not wish to receive benefits for my gift

I am interested in making a bequest. Please contact me.

please send your completed form to:

Fort Worth Zoological Association
1989 Colonial Parkway • Fort Worth, Texas 76110
Or, fax your form to 817-759-7501

With a donation of \$250 or more, you will receive a complimentary Zoo membership which includes two adults and up to four children (ages 3 to 17). Please provide the first and last names of those you would like to include on your membership.

adult 1 _____

adult 2 _____

child 1 _____

child 2 _____

child 3 _____

child 4 _____

Once your membership is processed, you will receive confirmation in the mail. On your next Zoo visit, please visit Member Services to have your picture taken and pick up your membership ID cards.

**If you are making a donation of \$500 or more, a complimentary guest pass will be added to your Zoo membership.*

**If you have checked the box to decline benefits for your gift, you will not receive the complimentary Zoo membership.*

questions?

Call 817-759-7350 or
email development@fortworthzoo.org

