



Sponsor an Animal Form

Yes, I want to sponsor a member of Como Zoo's wild family!

To sponsor an animal today, simply fill out this form. Please allow two weeks for your sponsorship papers to be processed. Thank you!

Purchaser's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve Phone: _____

Email: _____

Check here if this sponsorship is a gift.

Gift sponsorship for:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gift Occasion: _____ Date: _____

Message for gift card:

Mail animal sponsorship package to me

Mail animal sponsorship package to recipient with a note acknowledging my gift

Send renewal notices to:

Purchaser

Recipient

Select which animal(s) you would like to sponsor:

African Crowned Crane*

African Lion

Amur Tiger*

American Plains Bison

Black-footed Penguin*

Blue-eyed Black Lemur*

California Sea Lion

Cougar

Dall's Sheep

Debrazza's Monkey

Great Plains Wolf

Emperor Tamarin

Flamingo

Galapagos Tortoise*

Grant's Zebra

Green Anaconda

Harbor Seal

Hoffmann's Two-toed

Sloth

Orangutan*

Polar Bear*

Reticulated Giraffe

Snow Leopard *

Spider Monkey*

Western Lowland Gorilla*

White-faced Saki Monkey

* denotes animals that are endangered or threatened in the wild.

Choose a Sponsorship level:

___ Explorer \$30

- Certificate of sponsorship
- Color photograph of your chosen animal
- Animal fact sheet
- 15 % discount in Garden Safari Gifts
- Subscription to "The Como Insider"
- Early news about animal births and happenings

___ Adventurer \$50

Benefits above plus a soft plush stuffed animal *

___ Steward \$100 - \$249

Benefits above plus your name in Como Friends' Annual Report

___ Guardian \$250 - \$499

Benefits above plus a coffee table book

___ Protector \$500 - \$1000

Benefits above plus a guided tour with a zookeeper to learn more about the animal you sponsored

*A Sparky the Sea Lion plush will be substituted if a species plush is not available.

Amount enclosed: \$ _____

Payment Method

___ Check enclosed payable to *Como Friends*

___ Please charge my: ___ VISA or ___ MasterCard

Card Number: _____

Expiration Date: _____

Name on Credit Card (please print): _____

Signature: _____

Print this form and mail completed form with payment to:



Como Friends
Phone: 651-487-8229
Fax: 651-487-8245
1225 Estabrook Drive
Saint Paul, MN 55103
ComoMembership@comofriends.org

All contributions are tax deductible to the full extent allowed by law. Ask your employer about matching contribution programs to double your gift. Individuals making gifts larger than \$100 will be recognized in our annual report.