## **Gift Membership Application**



## Santa Barbara Zoo Membership Department 500 Niños Dr. Santa Barbara, CA 93103

Phone: 805-679-8479 Email: membership@sbzoo.org

Categories/Prices

**Gift Membership is for:** 

**Payment Method:** 

\_\_\_\_ Check enclosed, payable to the Santa Barbara Zoo

Amount \$\_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_ Please send gift in gift certificate form.

\_\_\_\_ AMEX \_\_\_\_ Discover \_\_\_\_ MC \_\_\_\_ Visa

## \_\_ Individual Plus \$100 Zoologist's Circle \$500 Executive's Circle \$5,000 Keeper's Circle \$1,000 Director's Circle \$10,000 \_\_\_\_ Dual Plus \$150 \_\_\_\_ Flock \$250 \_\_\_\_ Benefactor's Circle \$2,500 Primary Adult Cardholder: Last: \_\_\_\_\_ First: \_\_\_\_\_ Secondary Adult or Child Cardholder: if child, check here \_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_ Names of dependent children or grandchildren under 18: Mailing Address: \_\_\_\_\_ \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_\_ (Mobile) \_\_\_\_\_ Gift is from (Name) Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ County \_\_\_\_ Phone: (Home) \_\_\_\_\_\_ (Mobile) \_\_\_\_\_ \_\_\_\_ I have enclosed an extra \$\_\_\_\_ for the Santa Barbara Zoo's Local Conservation Programs.

Membership will be mailed to the specified address in approximately three (3) weeks. All Memberships are non-transferable. All memberships must have at least one adult cardholder.

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please send gift to recipient. —— Please send gift to me. I will deliver it personally.