

A.D.O.P.T.S.

Animals Depend On People To Survive

theZOO
LOUISVILLE

**ORDER
FORM**



- I am adopting for myself Please send materials to me
 I am adopting as a gift Please send materials to recipient

ANIMAL: _____ DATE: _____

Adoption Level: \$35 \$50 \$75

**Name of Adoptive Parent
to appear on Zoo Website:** _____

PURCHASER NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

RECIPIENT NAME *(If Gift)*: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Message on Gift Enclosure: _____

PAYMENT:

- Check payable to "Louisville Zoo ADOPTS"
 Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____

Signature: _____

Please allow two business days for processing.

MAIL TO:
Louisville Zoo
A.D.O.P.T.S.
P.O. Box 37250
Louisville, KY 40233

Office Use Only
BO _____
Processed _____
Excel _____
WordPress _____