

Donation for Share the Care Program

Thank you for considering becoming a Washington Park Zoo ADOPT animal sponsor. Please enter information on this form and submit it back to the Zoo. If you are purchasing the package as a gift, please complete the additional information on the back of the form. We will still collect contact information from you, in case we have any questions about the order.

| Email* | | |
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| Mailing Address: | | |
| City* | State* | Zip* |
| Phone Number: | | |
| Name for Sponsorship* | | |
| Animal Preferred: | | |
| | nington Park Zoo that you would like to Wolves, River Otters, Zebra, Cotton Top | • |
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| If this is a gift, or for addition | nal comments please complete the ba | ack of this page. |
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| Total Amount: | | |
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Additional Notes or Directions:

Any questions please call 219.873.150



Please send payment and this form to:

Washington Park Zoo 115 Lakeshore Drive Michigan City, Indiana 46360

