



Donation Form

Please print this form and complete by hand. When completed you may send your form and donation payment to:

Potawatomi Zoological Society
PO Box 1746
South Bend, IN 46634

First Name: _____

Last Name: _____

(Please print name(s) as they should appear in recognition materials.)

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

E-mail: _____

This gift is in honor/memory (circle one) of _____

I wish for my gift to remain anonymous.

A check in the amount of \$ _____ is enclosed.

Please charge my MasterCard/Visa (circle one) \$ _____.

Account number _____ Expiration date _____.

Cardholder signature _____

Double your dollars! Many corporations match their employees' charitable gifts, doubling the amount of your gift. If you or your spouse's company will match your gift, please enclose the appropriate form and we'll do the rest. If you're not sure if your employer has a matching gifts program, please contact your company's Human Resources department.