MEMORIAL/TRIBUTE CONTRIBUTION FORM

Donor:_____

Address:_____

City/State/Zip:_____

Daytime Phone Number:_____ Notification should be sent to (name & address):

_____

- **Bench** – Please check one of the following: Etscorn _____ or Time Honored Bench _____
  Inscription for plaque; 3 lines of text with up to 20 characters (including spaces) per line.
  _____

- **Tree** - Please check one of the following: Etscorn_____ or Zoo Grounds _____
  Inscription for plaque; 3 lines of text with up to 20 characters (including spaces) per line.

  _____

- **Brick Paver** - Etscorn Garden (three lines, 14 characters per line. Include ALL spaces, punctuation, numbers etc.)

  _____

- **Adoptable Garden Spot**- Please check one of the following: Etscorn___ or Zoo Grounds ____
  Inscription for plaque; 3 lines of text with up to 20 characters (including spaces) per line.

  _____

- **Tree of Life** - Please check one of the following: Small Leaf__ (30 characters) Large Leaf __ (60 characters)
  Butterfly__ (250 characters) Bird__(250 characters). Inscription to read:

  _____

- A check is attached in the amount of $_____

- Charge my debit or credit card in the amount of $_____as follows:
  Please circle one: Visa MasterCard American Express Discover
  _____ _____
  (Card Number) (Exp. Date)

  Signature of cardholder:_____

- For payment by transfer of stock or other securities, please contact us at (502) 238-5389.
- If your employer has a matching gift program, please attach a signed, form, we will complete it and mail it for you.

Thank you for your gift! You will receive an acknowledgement from us for tax purposes.

Privacy Note: The information you submit will not be sold to or used by other parties.