



Contribution Form

General Zoo Gift

Total Amount \$ _____ 

Tribute or Memorial Gift

In Honor of: _____

Address _____ City, State, Zip Code _____

In Memory of: _____

Address _____ City, State, Zip Code _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Please indicate method of payment:

Check (made payable to **Lehigh Valley Zoo**)

Credit Card: **Visa** **MasterCard** **Discover** Cardholder's Name _____

Card Number _____ Expiration Date _____

Mail form/payment to: Lehigh Valley Zoo - 5150 Game Preserve Road, P.O. Box 519, Schnecksville, PA 18078