Conapac Donation Form:

Please send this form an accompanying check to the address below.

To donate with a check:			
Please Print			
Name:First Name	Last N	lame	
Group Sponsor Name:	icable (e.g., school, communit	y group).	
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Please indicate level(s) of su	pport:		
I/we would like to sponsor	child(ren) for \$55 each	l .	
l/we would like to adopt	school(s) for \$450 each.		
l/we would like to make a d	onation of \$ to the cle	ean water program.	
l/we would like to make a c	onation of \$ to suppo	ort special projects in	the Amazon communities.
Please mail your payment are Detroit Zoological Society Attn: Adopt-A-School Program, D 8450 W. 10 Mile Road Royal Oak, MI 48067			
Please check one of the folio	owing:		
Mail my donation acknowle	dgment to the above address		
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