



APPLICATION

Enclosed is \$ _____

- Check/Money Order
 Mastercard Visa Discover

Card # _____ Expires on: _____

Cardholder Signature: _____

- In order to take full advantage of tax-deductability, we do not wish to receive any benefits for our contribution. Please keep all admission passes for the *Disadvantaged Children's Fund*.
- Send us one-half of the free passes and direct the remaining passes to the Disadvantaged Children's Fund.
- Send us all of the free admission passes.

Company Name _____
(as you would like it to appear on the recognition board)

Address _____

City _____ State _____ Zip _____

Corporate Contact _____

Phone _____ Email _____

Please return this application with your form of payment to:

The Toledo Zoo
Companies For Kids
P.O. Box 140130
Toledo, Ohio 43614-0801

Telephone (419) 385-5721 Fax (419) 389-8670

The Toledo Zoo is a not-for-profit 501 (c) (3) organization