



TRIBUTE AND MEMORIAL GIFT REQUEST FORM

CARD & RECIPIENT INFORMATION

Please, indicate which card you would like us to send on your behalf

Tribute 1 Tribute 2 Memorial

Occasion For Tribute _____
(Birthday, Anniversary, Holiday, Birth, etc.)

Tributes and memorials can be processed in any amount equal to or above \$20.00 (we do offer significant discount for quantities). Please, indicate the amount of your gift below:

Amount of Gift \$ _____
(The amount of your gift will not be disclosed)

Honoree's Name _____

Recipient (if different from Honoree) _____

Address _____

City _____ State _____ Zip _____

MEMBER INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Member No. _____

Email _____

Signature _____ Date _____

Please, make your check payable to the African Conservancy and return this form via mail to:

African Conservancy
2590 San Clemente Avenue
Vista, CA 92084