



**Zoo**  
E C O M U S E U M

Your sponsorship is a concrete gesture towards animal well-being at the Ecomuseum Zoo. The safety, health and happiness of the animals under our care is of the utmost importance to us. Moreover, your donation is a tangible testimony of your involvement in the protection of Québec's wildlife, at the heart of the **ECOMUSEUM ZOO'S** mission of education and species conservation in the wild.

**A \$30 DONATION**  
covers the cost of quarantine materials needed for the arrival of a new animal in our care

**A \$120 DONATION**  
covers the cost of a digital radiology imaging in an external clinic for an animal

**A \$60 DONATION**  
covers the cost for milk replacement for a nursing baby animal

**A \$240 DONATION**  
covers the cost for an incubator for bird or reptile eggs



**SPONSOR**  
an **ANIMAL**



The animal that I would like to sponsor is : \_\_\_\_\_

*Animal sponsorships are for a one year period. An animal may be sponsored by more than one person.*

PLEASE MAKE A SELECTION	\$30*	\$60	\$120	\$240	Chosen sponsorship level
Sponsorship certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Recognition on our website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognition on the sponsor board		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surprise gift		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Invitation to the Sponsor Appreciation Night			<input type="checkbox"/>	<input type="checkbox"/>	
Exclusive newsletters for the sponsors				<input type="checkbox"/>	

\*Online only

**Sponsor information**

(Name to appear on the sponsorship certificate) : Ms.  Mr.  Child  Adult

Last name : \_\_\_\_\_ First name : \_\_\_\_\_

Address : \_\_\_\_\_ Apt. \_\_\_\_\_

City : \_\_\_\_\_ Prov. : \_\_\_\_\_ P.C. : \_\_\_\_\_

Phone : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email : \_\_\_\_\_

Authorization to send publicity and/or informational documents to a person 18 years old or less : Yes  No

**Donor information**

(Name to appear on the tax receipt) Same as above  Ms.  Mr.

Last name : \_\_\_\_\_ First name : \_\_\_\_\_

Address : \_\_\_\_\_ Apt. \_\_\_\_\_

City : \_\_\_\_\_ Prov. : \_\_\_\_\_ P.C. : \_\_\_\_\_

Phone : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email : \_\_\_\_\_

Sponsorship certificate should be: Mailed to the sponsor   
Mailed to the donor