



The Marine  
Mammal Center

# Membership Gift

2000 Bunker Road · Sausalito, CA 94965  
Tel. 415-289-SEAL · Fax 415-289-7333 · MarineMammalCenter.org

## Donation Information

Your Name: \_\_\_\_\_

*(If using a credit card, print name and address as they appear on your billing statement)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Fax Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_

Please add me to The Marine Mammal Center's E-mail Newsletter for periodic updates on animal care and rescue operations. *(the Center will not share or exchange your e-mail address).*

My email address is: \_\_\_\_\_

Please enroll my gift recipient as a member of The Marine Mammal Center at the following level:

\_\_\_ Member \$25-\$49      \_\_\_ Sponsor \$100-\$199    \_\_\_ Other \$ \_\_\_\_\_  
\_\_\_ Supporter \$50-\$99      \_\_\_ Patron \$200-\$499

Enclosed is my check made payable to The Marine Mammal Center, or use my credit card:

VISA    MasterCard    AmericanExpress

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Gift Amount \$ \_\_\_\_\_

## Gift Recipient Information

A card announcing your gift of a Membership to The Marine Mammal Center will be sent to the person you designate below:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

If you have any questions, please contact the Membership Department at 415.289.7338.

**Thank you for supporting The Marine Mammal Center!**  
Your gift is tax-deductible to the full extent of the law.

GIFT-F