

WILD FRIENDS
MONTHLY GIVING CLUB
at Cheyenne Mountain Zoo

I/WE WOULD LIKE TO JOIN WILD FRIENDS!

Monthly donation amount: \$5___ \$10___ \$15___ \$25___ \$50___ \$75___ \$100___ Other \$_____

Credit card type: MC Visa AmEx Disc

Credit card number: _____

Exp. Date: _____ CVV2#: _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

We will charge your credit card once a month in the amount you have designated on or near the 15th. Your contact information is important in case your credit card information changes. If at any time you would like to make an adjustment to your *Wild Friends* account, please call Valerie Maltese at 719-633-9925 x115 or email vmaltese@cmzoo.org.

Please fill out this form and mail to:

Cheyenne Mountain Zoo
Development Department
4250 Cheyenne Mountain Zoo Rd.
Colorado Springs, CO 80906
Attn: Development