Group Sponsor an Animal or Garden Form

Group Name: ________________________________

Contact Name: ____________________________

Address: ________________________________

City: ___________________________ State: _______ Zip: _______

Phone: ________________________________

Email: ________________________________

_____ Mail sponsorship package to me

_____ I will be visiting Como Park Zoo & Conservatory with my group and can pick up the package on this date / time ________________________________

* Please submit two weeks in advance if visiting Como in-person

Specify the animal or garden your group is sponsoring:
* Please choose one animal per group / sponsorship


Bonsai Collection, Charlotte Partidge Ordway Japanese Garden, Fern Room, Marjorie McNeely Conservatory, North Garden, Orchid Collection, Palm Dome, Sunken Garden

*Similar species plush will be substituted
Choose a sponsorships level:

_____ $100 - Como Group Promoter (The value of received goods is $15)

Animal plush or garden memento, fact sheet, certificate of classroom sponsorship and one photo of animal or garden for the classroom.

_____ $250 - Como Group Campaigner (The value of received goods is $30)

Animal plush or garden memento, fact sheet, certificate of classroom sponsorship, one photo of animal or garden, plus each student receives a Como pencil.

_____ $500 - Como Group Enthusiast (The value of received goods is $60)

Animal plush or garden memento, fact sheet, certificate of classroom sponsorship, one photo of animal or garden, grade appropriate book, plus each student receives a Como pencil.

_____ $1,000 - Como Group Visionary (The value of received goods is $160)

Animal plush or garden memento, fact sheet, certificate of classroom sponsorship, one photo of animal or garden, grade appropriate book, and in-person or Zoom Q&A with a Zookeeper or Gardener, plus each student receives a Como pencil.

All sponsorships will receive a subscription to the Como Friends Insider newsletter and shipping is included in the price of the sponsorship.

Payment

Total amount enclosed: $ __________________________

_____ Check enclosed payable to Como Friends

Please charge my: _____ VISA _____ MasterCard _____ Discover _____ American Express

Card Number: __________________________ Expiration Date: _______

Name on Credit Card (please print): __________________________

Signature: __________________________

Print and mail completed form with payment to:
Como Friends
1225 Estabrook Drive
Saint Paul, MN 55103

Phone: 651-487-8229 Fax: 651-487-8245 www.comofriends.org comomembership@comofriends.org