

DONOR INFORMATION

First Name:	Last Name:	_ Date:
Address:		
Address 2:		
City:		Zip:
Country:		
Daytime Phone: ()	_ Email:	

Yes, I would like to receive updates on how we are conserving Galápagos.

GIFT INFORMATION

Enclosed is my gift of \$	(Please make the check payable to Galápagos Conservancy.)		
Please charge my credit card for \$			
🗌 Visa 📄 MasterCa	ard American Express Discover		
Credit Card Number:	Expiration Date:		
Name on Card:	Security Code:		
Signature:			

MEMORIAL AND TRIBUTE DONATIONS (OPTIONAL)

☐ This gift is in Memory of: ☐ This gift is in Honor	of:	
Name:		
SEND GIFT NOTIFICATION TO:		
First Name:	_Last Name:	
Address 1:		
Address 2:		
City:		
Country:	Province (if not USA):	
PERSONAL MESSAGE:		

Galápagos Conservancy, Inc.® is a registered 501(c)(3) non-profit organization with EIN Tax ID # 13-3281486. Donations are tax-deductible to the extent allowed by law in your country.