

Aquadoption Order Form

To adopt an Aquarium animal(s), complete this form and mail with your payment to:

Aquadoption/Santa Monica Pier Aquarium Attn: Amber Maron 1600 Ocean Front Walk Santa Monica, CA 90401 Phone: 310-393-6149 x 113

Fax: 310-393-4839	New Application Renewal		
Today's Date			
Name of purchaser			
Address			
City	State	Zip Code	
Day phone	(
E-mail address			

Select	Animal	Sponsorship Level
#	Ochre Sea Star	\$25
#	Purple Sea Urchin	\$25
#	California Sea Hare	\$50*
#	Swell Shark Egg/ Baby	\$50*
#	Moray Eel	\$100*
#	Garibaldi	\$250*
#	Swell Shark	\$500*
#	Two-Spot Octopus	\$750*

^{*}includes a year Heal the Bay membership & free family admission to the Santa Monica Pier Aquarium

This is a gift for:						
Name						
Address						
City		State		Zip Code		
Recipient's email (i	f they would like to receive	Aquarium/ anima	ıl updates)			
Please mai	gift packet to:					
Recipient:	Age of recipient:	0-11yrs	12-17 yrs	18-adult		
Payment information:						
# of aquadoptions @ \$25 = # of aquadoptions @ \$50 = # of aquadoptions @ \$100 = # of aquadoptions @ \$250 = # of aquadoptions @ \$500 = # of aquadoptions @ \$750 =						
TOTAL Payment: =						
Check or Money Order (Made Payable to Heal the Bay) Credit Card (VISA, MasterCard or American Express)						
Credit Card N	umber:			_Exp Date:		
Name as it appears on Card:						
How did you hear about Aquadoption? Visiting the Aquarium Heal the Bay Website Other						

This adoption agreement is good for one year from date of purchase. If your animal is removed from the Aquarium's collection, your sponsorship will be applied to another animal for the remainder of the year.

Original: Accounting; Copy: Public Programs Dept.; Copy: Data Manager