



Date: _____

Animal to be ADOPTed: _____

Name of School or Group: _____

Contact Name: _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Enclosed is my check payable to GLAZA

Credit Card Info:

Acct # _____ Exp. Date _____

Signature _____

Please allow two weeks for delivery. For more information about ADOPT opportunities for schools and groups, please call 323/644-6035.