



THRIVING OCEANS
FOR A HEALTHIER WORLD

Thank You for Helping to Save Our Seas!

Gift Information:

Amount: _____

*\$1,000+ Donation – Society Membership

Recurring

Desired Frequency: _____

One-Time

I have enclosed a check payable to HSWRI
[Please mail to 2595 Ingraham Street San Diego, CA 92109]

I have included a gift matching form from my employer.

Credit Card

Card Holder Name: _____

Card Type: Visa MasterCard Discover

Card Number: _____

Expiration Date: ____ / ____

Security Code: _____

Optional: This gift is in Honor/ Memory of:

Please send an acknowledgement to (address):

Donor Information:

Please list this gift anonymously.

First Name: _____

Last Name: _____

Company Name: _____

Address: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

Home Phone: _____ - _____ - _____

Mobile Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

E-Mail: _____

Birthday: _____

I would like to receive emails about:

Sustainable Seafood

Animal Behavior

Wildlife Populations

Ocean Health

Florida Marine Mammal Stranding Program