



Adopt-A-Sea Turtle Program

Option 1: Current Patients

\$50 Adoption Donation

Your adoption package will include:

- Personalized Certificate of Adoption
- A letter from your chosen sea turtle
- 4" x 6" photo of your sea turtle
- Sea Turtle fact sheet
- Adoptive parent name(s) listed on the Georgia Sea Turtle Center website
- Personal email updates:
 - Monthly updates of your adopted sea turtle's rehabilitation progress
 - Recent photo(s) of your adopted sea turtle
 - Notice of potential release date of your sea turtle as the information becomes available (Release dates are subject to change without notice at any time)
- Website link to adopted sea turtle's tracking information (if available)

*Please allow 2-4 weeks processing time to receive your adoption package by mail

Please mail/fax completed forms to:

The Georgia Sea Turtle Center
214 Stable Road
Jekyll Island, GA 31527
Fax: (912) 635-4198

The Georgia Sea Turtle Center on Jekyll Island is an operating department of the Jekyll Island-State Park Authority; donated funds will be used for general operations of the Georgia Sea Turtle Center. Donations of \$500 or more will be processed through the Jekyll Island Foundation, a public 501(c)3 under the U.S. Internal Revenue Code
EIN # 58-2583249

For more information, call 912-635-4444 or visit www.georgiaseaturtlecenter.org

Georgia Sea Turtle Center Adopt-a-Sea Turtle Form

Please PRINT clearly. You can also purchase your adoption package online at www.georgiaseaturtlecenter.org.

PURCHASER

Name: _____

(print name as you want it to appear on certificate)

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

***Email address:** _____

*Required Field: In order to receive email updates on your Adopted turtle's progress. We DO NOT sell or distribute your personal email for any reason.

GIFT ADOPTION RECIPIENT INFORMATION

Gift Recipient's Name: _____

(print name as you want it to appear on certificate)

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

***Email address:** _____

*Required Field: In order to receive email updates on your Adopted turtle's progress. We DO NOT sell or distribute your personal email for any reason.

Select your Adoption Option:

Option 1: Current Patient

Choose your Sea Turtle:

Please write the name of the sea turtle(s) you would like to adopt: _____

(Refer to www.georgiaseaturtlecenter.org for a list of sea turtles eligible for adoption)

Payment Options:

Check I have enclosed a check for \$ _____ (Adoption is \$50 per turtle)

Credit Card (required for over-the-phone purchases)

Please charge my: Visa Mastercard American Express

Name as it appears on credit card: _____

Card Number: _____ Exp. Date: ____/____/____

Billing Address (if different from Purchaser's address)

Address: _____

City: _____

State: _____ Zip Code: _____

Signature: _____ **Date:** _____