



For office use:

Amt rec'd \$ _____
Cash _____ Check _____
Credit Card _____ PayPal _____
Rec'd by _____
Membership # _____
Date Mailed _____

P.O.Box 968 Wylie TX 75098

as seen on **Discovery** channel

In-Sync Exotics Membership Application Form

Thank you for interest in our membership Program. Becoming a monthly member helps In-Sync Exotics provide the very best care for our animals that call In-Sync Exotics home. For more information about our Membership or Adopt-A-Cat Programs, please visit our website at www.insyncexotics.org.

Memberships Starts as low as \$15/month (no upper limit, you can donate as much as you want per month)

As a Member you will receive:

- * In-Sync Exotics Membership card, which gives 10% off of any purchase in the gift shop.
- * Monthly e-mail, Inside In-Sync, summarizing events at the sanctuary, medical updates, how the cats are doing, etc. This will give you a much more detailed glimpse into life at In-Sync Exotics, that isn't available anywhere else!
- * One exclusive photo e-mailed to you per month that isn't posted anywhere else.
- * A summary of your Donations for your Tax Records.

Yes I would Love to become a member and would like to donate \$_____ monthly.

If you elect to donate monthly by check, please mail your tax-deductible gifts to: In-Sync Exotics, PO Box 968, Wylie, Texas 75098. Thank you!

Your name: _____ Email Address: _____

Address: _____ City: _____ St: _____ Zip: _____

If you prefer to make *automatic monthly deductions* from your checking account, please attach a **VOIDED** check so we can contact your banking institution to set up the monthly transfer.

Your name (as it appears on your bank account) _____

With my signature below, I authorize In-Sync Exotics to withdraw \$_____ from my checking account on the 3rd or 18th of each month.
Beginning Month _____ Year _____.

This authorization will remain in effect until I notify In-Sync Exotics in writing two weeks prior to the automatic withdrawal that I wish to change or discontinue contribution.

Name _____ Date _____

If you prefer to make *automatic monthly deductions* from your Credit Card, please complete the following.

Your name (as it appears on your credit card): _____

Credit Card: Visa MasterCard AMEX Discover

Card# _____ Expiration Date _____

**I understand a Monthly Donation will be charged to my credit card for \$_____ on approximately the 5th of each month Beginning Month _____ Year _____.

This authorization will remain in effect until I notify In-Sync Exotics in writing two weeks prior to the automatic withdrawal that I wish to change or discontinue contribution.

(Please sign as registered with your bank or Credit Card) _____

For All Please Sign

Name _____ Date _____

Check the box if you would like to receive our informative e-mail newsletter!

"They Are With Us For Life"