



"Meals for Seals"

Marine Mammal Sponsorship Program

By participating in our sponsorship program, your donation will help provide food and medical care for patients like **Sampson**, the California sea lion pictured below. Through sponsoring you'll learn about and follow your assigned animal's progress, and have the opportunity to attend the release. When you support our "Meals for Seals" program you participate in giving our seal and sea lion patients a second chance at life.



Rescue



Rehabilitate



Release

Basic Sponsorship \$150

Benefits

- Biweekly update and photo
- Invitation to animal's release
- PMMC's newsletter
- Visiting privileges

Sole Sponsorship \$600

Benefits

- Biweekly update and photo
- Invitation to animal's release
- PMMC's newsletter
- Tour & history of your animal with one of our Animal Care staff
- Visiting privileges
- Ride with PMMC crew to release location (must be 18; limit 2 people)

Annual Sponsorship \$1400

Benefits

- Sponsorship of **three** marine mammals in our care
- All **Sole Sponsorship** benefits
- Membership in exclusive Protectors Circle

The average cost to feed on animal during a 3 month rehabilitation period is approximately \$1,350. For this reason, there will be more that one sponsor assigned per animal under the Basic Sponsorship option. Upon signing up to participate in the program you will be put on a waiting list. Our patients are assigned when released from medical hold, so the average wait is between 1-2 months. You will be given the opportunity to attend your sponsored animal's release. On occasion, in the best interest of an animal's health, we may need to release an animal on short notice. If this occurs and/or you are not able to attend your assigned animals scheduled release, we will send you pictures and a link to video of that particular release.

Please complete the following information and return it with your payment to: Pacific Marine Mammal Center, 20612 Laguna Canyon Road, Laguna Beach, CA 92651. If paying by credit card you can email the form to: **dmaccarter@pacificmmc.org** or fax to **949-494-2802**.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Email (preferred communication): _____

\$150 Basic Sponsorship **\$600** Sole Sponsorship **\$1,400** Annual Sponsorship

Payment Type: Check _____ or Credit Card # _____ Exp. _____

Signature: _____

Gift Recipient's Name: _____ Phone: _____

Email: _____