



Statement of Financial Commitment

Date: _____

Institution Name: _____

Institution's Contact for SAFE African Penguin Program: Name and Email:

Please indicate your level of financial support and timeframe (A or B below):

A. Yearly Contribution

- ☐ (platinum) \$5000/year or more for 3 years
☐ (gold) \$2500-4999/year for 3 years
☐ (silver) \$1000-2499/year for 3 years

Please indicate amount / year: e.g., \$2,500 each yr \$ _____

Contribution TOTAL \$ (over 3 year period) e.g., \$7,500 \$ _____

Preferred month to receive Invoice: _____

OR

B. One-time Contribution: \$ _____

Signature: _____ Title: _____

Please Note: A Statement of Institutional Support signed by the CEO is also required by AZA in order to be recognized as a SAFE Partner.

An invoice will be emailed to the SAFE Program Contact as indicated above.
Payment(s) must be made to: **National Aviary**, holder of the SAFE AP Dedicated Fund.
Mailing address and account details for National Aviary will be included on the invoices.

Please return this signed form to Gayle Sirpenski, SAFE AP Secretary/Treasurer
gsirpenski@mysticaquarium.org

Thank you for supporting African penguin conservation!

April 2025