

North Gulf Oceanic Society

KILLER WHALE ADOPTION FORM

Please use one form per whale.

BENEFICIARY DETAILS:

First name: _____ Last name: _____ Age: _____

Postal address: _____

_____ Country: _____

By providing your e-mail address, you will benefit news updates.

E-mail address (*please write legibly*): _____
(*Your e-mail won't be disclosed to any third party.*)

Name of the whale that you wish to adopt: _____

THIS IS A GIFT FROM: (OPTIONAL)

First name: _____ Last name: _____

Postal address: _____

_____ Country: _____

E-mail address (*please write legibly*): _____
(*Your e-mail won't be disclosed to any third party.*)

Once filled, send this form with a check of **US\$25** to:

**North Gulf Oceanic Society
3430 Main Street, Suite B1
Homer, AK 99603
U.S.A.**