



Please mail or fax this form to:

Duke Lemur Center

Share the Care Program

3705 Erwin Road, Durham, NC 27705-5000

Phone 919.489.3364 • Fax 919.490-5394

I Care Packages (\$)

\$50.00 \$100.00 \$200.00 \$300.00 \$500.00

Is this I Care a renewal? Yes No

I Care Purchaser Info

First Name: _____ City: _____

Last Name: _____ State: _____

Address 1: _____ Zip/Postal code: _____

Address 2: _____ Country: _____

Daytime Phone: _____ E-mail: _____

I Care Gift Info

Is this I Care package a gift? Yes No If yes, please mail to:

First Name: _____ City: _____

Last Name: _____ State: _____

Address 1: _____ Zip/Postal code: _____

Address 2: _____ Country: _____

Gift Card to read: _____

I Care Billing Info

Check here if the billing information is the same as the Purchaser Info, if not please fill in below:

First Name: _____ City: _____

Last Name: _____ State: _____

Address 1: _____ Zip/Postal code: _____

Address 2: _____ Country: _____

Check enclosed

Charge my credit card: Visa Mastercard Discover American Express

Credit card number: _____ Expiration Date: _____

Name as it appears on Card: _____

Signature: _____