

Port Discover

Northeastern North Carolina's
Center for Hands-on Science



Give the Gift of Science
and help Port Discover
create a community
of young scientists!

Selecting an item from Port Discover's Wish List is a great way to honor someone special.

The honored person's name will be featured on acknowledgment panels in Port Discover and the recipient will receive a note of gratitude from Port Discover.

• PORT DISCOVER WISH LIST •

Adopt A Port Discover Animal:

Provide one year of food, housing and healthcare

Squeakers and Lily, our rats	\$100
Cope's Grey Frog.....	\$50
American Toad.....	\$50
Bess Beetles.....	\$50
Hissing Cockroaches	\$50
Toads	\$50
New Aquariums and Stands.....	\$500
Filters and Tank Equipment	\$50

The Tot Spot:

New Toddler Rug	\$250
Puppets	\$100
Plexiglass Mirror.....	\$100

Kids' Grow Garden:

Seeds.....	\$20
Compost.....	\$80
Mulch.....	\$80
Medicinal Garden Bed	\$100
Bog Native Plant Bed.....	\$100
Kids' garden tools	\$40

Classroom Activities:

KEVA Building Set	\$150
Discovery Kits	\$50
Microscopes.....	\$100

• PORT DISCOVER GIFT MEMBERSHIPS •

Membership rates:

- **Benefactor** \$100
- 10% discount on program fees; acknowledgment at Port Discover; benefits for up to two adults and minor children in the household
- **Family** \$50
- Benefits for up to two adults and minor children in the household
- **Grandparents**..... \$40
- Benefits for up to two adults and minor grandchildren
- **Individual**..... \$30
- Benefits for one person

Port Discover  **Give the Gift of Science!**
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Giver's Name
(Mr. Mrs. Ms. Dr.): _____

Address: _____

City: _____

State: _____ Zip: _____

Home phone: _____

Email address: _____

Honored Person's Information

Recipient's name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home phone: _____

Email address: _____

Selected Wish List Item: _____

Membership Level: _____

I would like to donate \$ _____ to Port Discover.

Total Due: _____

Payment Method:

- Check made payable to Port Discover
- Credit Card: Visa MasterCard Discover
 American Express

Name on Card: _____

Address: _____

Card Number: _____

Expiration Date: _____

Complete form and return payment to:

Port Discover
611 E. Main Street
Elizabeth City, NC 27909

Thank You!