



**SCHOOL OF  
VETERINARY MEDICINE**  
University of Wisconsin-Madison

*Yes, I care about animals.*

*Please accept my gift toward animal health needs at the School of Veterinary Medicine.*

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Please apply my gift to:

- Where needed most
- TomoTherapy
- Susan J. Hyland Student Excellence Fund
- Dairy Teaching Herd Endowment (Dr. Leland Allenstein)

- |                                                               |                                                                  |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Animal Cancer Treatment Program      | <input type="checkbox"/> Pet Pals                                |
| <input type="checkbox"/> Companion Animal Fund                | <input type="checkbox"/> Research Equipment Wish List            |
| <input type="checkbox"/> Equine Research Fund                 | <input type="checkbox"/> RESPOND Fund                            |
| <input type="checkbox"/> Fund for Excellence in Equine Health | <input type="checkbox"/> Scholarship Fund                        |
| <input type="checkbox"/> Graduate Research Training Program   | <input type="checkbox"/> Vet Med Teaching Hospital Building Fund |
| <input type="checkbox"/> Orthopaedic Treatment of Animals     | <input type="checkbox"/> Vet Med Teaching Hospital Wish List     |

Enclosed is my donation of:

- Dean's Club (\$1,000 annual gift or in perpetuity with \$5,000 cumulative giving)
- \$500  \$100  \$50  Other \$ \_\_\_\_\_

My check is enclosed (payable to the UW Foundation)

Charge my:  Visa  Master Card  American Express

Card number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's name as it appears on card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

This gift is made (please check appropriate boxes)

- in memory of OR  in honor of
- a person OR  an animal

Animal's name/Person's name \_\_\_\_\_

Send notification of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I would like to learn more about giving opportunities such as wills, bequests, trusts or naming opportunities.

You could double or triple your gift if your employer or your spouse's employer has a matching gift program. Please contact your human resources office to obtain a form.

Please make checks payable to: **UW Foundation**

Mail to: Online Donations  
School of Veterinary Medicine  
2015 Linden Drive, Rm. 2170  
Madison, WI 53706-1102

Questions? Please call 608/265-9692