



**Yes, I care about animals.  
Please accept my gift toward the needs of the School of Veterinary Medicine.**

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Please apply my gift to:

- Where needed most
- Imaging Center
- Student Scholarship
- Daryl and Sharon Buss Graduate Program
- Animal Cancer Treatment Program
- Companion Animal Fund
- Equine Research Fund
- Fund for Excellence in Equine Health
- Orthopaedic Treatment of Animals
- Pet Pals
- Research Equipment Wish List
- RESPOND Fund
- SVM Scholarship Fund
- Vet Med Teaching Hospital Wish List
- Vet Med Teaching Hospital Building Fund

Enclosed is my donation of:

\$1,000    \$500    \$100    \$50    Other \$ \_\_\_\_\_

My check is enclosed (payable to the UW Foundation)

Charge my:    Visa    MC    Am Exp   Card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   Exp. Date \_\_\_\_\_

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

Signature \_\_\_\_\_

**Optional:**

This gift is made (please check appropriate boxes)

- In memory of   OR    In honor of
- An animal   OR    A person

Animal's name OR 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 Department to obtain a form.

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

Questions? Please call 608-265-9692

