2017 HOLIDAY CARD ORDER
Questions? Please call (608) 890-0203 for assistance.

PAYMENT INFORMATION:
Holiday Card payment and additional gift may be combined.
☐ My check is enclosed. (Make check payable to UW Foundation.)
☐ Master Card ☐ Visa ☐ American Express ☐ Discover

Card Number ____________________________ Exp. Date ____________________________

Cardholder Name [please print]____________________________________________________

Cardholder Signature ____________________________

TO QUALIFY AS A 2017 GIFT, credit card gifts submitted via this form must be received by Dec. 28. Gifts made by check must be postmarked by Dec. 31. Online gifts must be completed before 10 p.m. on Dec. 31. Visit supportuw.org/giveto/vetmed to make a gift online.

MAIL ORDER FORM TO:
Holiday Card Order, UW School of Veterinary Medicine
2015 Linden Drive • Madison, WI 53706-1102

Please send UW School of Veterinary Medicine Holiday Cards to the following people:
Print clearly to avoid errors and undeliverable returns. If more space is needed, please attach additional sheets.
If no card option is selected, we will send either the “Joy Ride” or “Snow Day” card.

1. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

2. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

3. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

4. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

5. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

6. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

7. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

8. Name ____________________________ Address ____________________________
City, State, Zip ____________________________

Card: ☐ Joy Ride ☐ Snow Day ☐ Alternative Design
(Specify Design Name) ____________________________

For Office Use: _____ Donation entered _____ Card signed _____ Card mailed