



NAME _____

ADDRESS _____

Street Address

City

State

Zip

PHONE: _____ EMAIL: _____

STEP ONE

My gift to the **Companion Animal Fund** is enclosed:

\$50 \$100 \$250 \$500 \$1000 Other \$ _____

STEP TWO

Payment Method:

- Check payable to UW FOUNDATION is enclosed.
- Charge my credit card:

_____/_____/_____/_____ Exp. Date _____

Card Number

Exp. Date

Cardholder Name (Please Print)

Cardholder Signature

Your gift to the UW School of Veterinary Medicine is tax-deductible to the extent allowed by law.

You will receive a receipt for your gift from the University of Wisconsin Foundation.

STEP THREE

Check appropriate boxes, if applicable.

This gift is made: In memory of A Person Person's Name: _____
 In honor of An Animal Animal's Name: _____

Send notification of my gift to:

Name _____

Address _____

MAIL THIS FORM TO:

UW School of Veterinary Medicine
ATTN: Gift Processing
2015 Linden Drive
Madison WI 53706-1102

Questions? Contact:

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