



**School of  
Veterinary Medicine**  
UNIVERSITY OF WISCONSIN-MADISON



## MEMORIAL/HONOR CARD ORDER FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

In the event there are questions about your card order, please provide your telephone number and email address:

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### ORDER INFORMATION

☐ I wish to send \_\_\_\_\_ card(s) (\$10.00/card) \$ \_\_\_\_\_

☐ I wish to make an additional gift of:

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL (Card Order AND Additional Gift)** \$ \_\_\_\_\_

(Full amount is tax-deductible as a charitable contribution.)

### GIFT DESIGNATION

Direct my gift to:

☐ Where needed most ☐ Student Scholarships ☐ Other: \_\_\_\_\_

☐ Companion Animal Fund ☐ Fund for Excellence in Equine Health

### CARD RECIPIENT INFORMATION

Notification of my gift should be sent to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### CHECK APPROPRIATE BOXES

This gift is made:

☐ In memory of OR ☐ In honor of Animal's Name \_\_\_\_\_

☐ An animal OR ☐ A person Person's Name \_\_\_\_\_

### PAYMENT METHOD

☐ Check payable to **UW Foundation** is enclosed.

☐ Charge my credit card.

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Name (Please Print): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### MAIL THIS ORDER FORM TO:

UW School of Veterinary Medicine  
Attn: Gift Services  
2015 Linden Drive  
Madison WI 53706-1102

Questions?  
Contact Gift Services  
(608) 262-5534

***Thank you for your support of the UW School of Veterinary Medicine***