

THE WALK OF HONOR

a lasting legacy

ORDER FORM

The UW School of Veterinary Medicine's Walk of Honor is a special place. Your unique message will be a comforting touchstone, memorializing an important animal or person in your life.

For a \$150 donation, you can purchase a 4" X 8" brick that will be placed in our Walk of Honor located at the entrance to our UW Veterinary Care hospital. Each brick can accommodate up to three lines of text with up to 14 characters per line. The full amount of your donation is tax deductible as a charitable contribution.

Each donation to our Walk of Honor helps support the UW School of Veterinary Medicine's efforts to advance the health of animals, and sometimes their people, too!

Walk of Honor bricks are installed twice each year:

MAY: Order deadline March 1

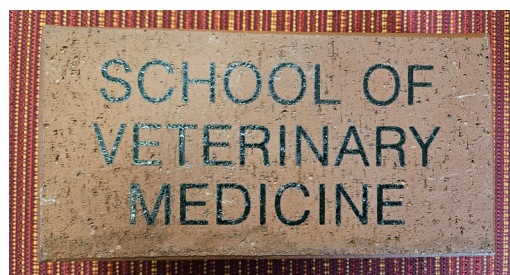
OCTOBER: Order deadline August 1

Mail completed order form and payment to:

Office for Advancement
UW School of Veterinary Medicine
Attn: Walk of Honor Order
2015 Linden Drive
Madison WI 53706-1102

Questions?

Contact **Walk of Honor Program** at (608) 262-5534.
Thank you for your support!



RESERVE MY BRICK TODAY!

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

TELEPHONE _____ EMAIL _____

ORDER INFORMATION

(Complete separate form for each brick order.)

☐ I wish to purchase one brick @ \$150 \$150.00

☐ I wish to make an additional gift of:

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

TOTAL (Brick Order AND Additional Gift) \$ _____

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

BRICK MESSAGE

Up to 3 lines of text. Up to 14 characters per line. (Periods, commas, and spaces count as characters; heart-shape counts as 3 characters)

LINE 1: _____

LINE 2: _____

LINE 3: _____

PAYMENT METHOD

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

☐ Charge my credit card.

Card Number: _____

Exp. Date _____

Cardholder Name (Please Print): _____

Cardholder Signature: _____

CHECK APPROPRIATE BOXES, IF APPLICABLE.

This brick order is:

☐ In memory of ☐ A person Person's Name _____

☐ In honor of ☐ An animal Animal's Name _____

☐ No notification is needed. Leave blank below.

☐ Send notification of my brick order to:

Name _____

Address _____

City _____ State _____ Zip _____