



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:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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:

Gift Services  
(608) 262-5534