

2025 HOLIDAY CARD ORDER FORM

Your Name _____
 Your Address _____
 City, State, Zip _____
 Telephone _____
 E-mail _____

ORDER INFORMATION:

Option 1:

I wish to send _____ Holiday Cards (\$10/card) \$ _____
 The full amount of your gift is tax deductible as a charitable contribution.

Sign my cards: _____
 (Example: Uncle Joe and Aunt Mary)

Option 2:

I wish to purchase _____ Card Sets (\$40/Set of 10) \$ _____
 \$30 of each \$35 card set purchase is tax deductible as a charitable contribution.

I wish to make an additional gift of:
 \$50 \$100 \$250 \$500 Other \$ _____

TOTAL (Holiday Cards AND Additional Gift) \$ _____

PAYMENT INFORMATION:

Holiday Card payment and additional gift may be combined.

- My check made payable to **UW Foundation** is enclosed.
 Charge my credit card.

Card Number _____ Exp. Date _____

Cardholder Name (please print) _____

Cardholder Signature _____

MAIL ORDER FORM TO:

Holiday Card Order • UW School of Veterinary Medicine
 2015 Linden Drive • Madison WI 53706-1102

**TO QUALIFY AS A 2025 GIFT, credit card gifts submitted via this form must be received by Dec. 19. Gifts made by check must be postmarked by Dec. 31. Online gifts must be completed before 11:59 p.m. central time on Dec. 31.*

Visit supportuw.org/giveto/vetmedholiday to make a gift online.

CA1030921

Option 1: Please send a UW School of Veterinary Medicine Holiday Card to the following people:

Print clearly to avoid errors and undeliverable returns. If more space is needed, please attach additional sheets.

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____

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

Card: Dashing through the Snow Alternative Design*
 *Specify Design Name _____