

CALIFORNIA VETERINARY MEDICAL FOUNDATION DONATION FORM

If you would like to make a tax-deductible donation to the California Veterinary Medical Foundation, please send in your check or credit card information with this form.

Name _____

Company/Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email: _____

How much would you like to donate?

- \$25
- \$50
- \$75
- \$100
- Other \$ _____ (minimum of \$5)

Please note that 10% of all donations will go into an endowment fund.

Enclosed is my check made payable to the CVMF.

Please charge my credit card:

- VISA MasterCard Discover AMEX

Credit Card Billing Information:

Card Number _____

Expiration Date _____ 3 digit CVV number on back of card _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature: _____

Please apply my donation to:

- CVMF General Fund
- Disaster Fund
- Student Scholarship Fund (general)
- Ron Faoro DVM Student Scholarship Fund
- Endowment Fund

Please indicate what percent of your donation you want to go into this fund:

- Please apply 100% of my donation into this fund
- Please apply _____% of my donation into this fund

Gift Program: In honor/memory of a special pet

Pet's name: _____ (please indicate species)

Send a personalized acknowledgment of my donation to: Mr. Mr./Mrs. Ms.

Name _____

Address _____

City _____ State _____ Zip _____

Gift Program: In honor/memory of a special person

Person's name: _____

Send a personalized acknowledgment of my donation to: Mr. Mr./Mrs. Ms.

Name _____

Address _____

City _____ State _____ Zip _____

Please send donations to:

California Veterinary Medical Foundation
1400 River Park Drive, Suite 101
Sacramento, CA 95815

If you have any questions or comments, you can reach us at:

800/655-2862 ext 42
Fax 916/646-9156
email dcary@cvma.net