



## 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 \_\_\_\_\_

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](mailto:dcary@cvma.net)