



AMERICAN COLLEGE OF VETERINARY INTERNAL MEDICINE

FOUNDATION

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Donation Form

Date: _____

Donor Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

Specialty: _____

Yes! I'd like to make a donation to support the vital work being done through the ACVIM Foundation to provide healthier and longer lives for animals.

I would like to make a donation of \$ _____.

Payment Options

Check made payable to ACVIM Foundation (#): _____

Credit Card: VISA MC AMEX

CC#: _____ Exp: _____

Signature: _____

Yes! I'd like to enroll for Automatic Donation Renewal. I can cancel my renewal at any time by contacting Lauren@ACVIM.org.

For Pledges Only

Please record my donation as a **PLEDGE**. I will fulfill my pledge in one of the following ways:

I will send a check made payable to **ACVIM Foundation**.

Please process payments of \$ _____ on my credit card.

Monthly (Processed at month's end)

(Receipts will be emailed in December and at final payment unless otherwise requested.)

Quarterly (Month/Year: ___/___, ___/___, ___/___, ___/___)

Annually (Month: _____)

Please process the total all at once on: ___/___/___

The mission of the ACVIM Foundation is to eliminate animal and human disease by supporting discovery, education and partnerships throughout the global community of medicine.

The ACVIM Foundation is a 501(c)3 tax-exempt Public Charitable Foundation.