



Memorial Donation Form

**As it should appear on acknowledgement*

Donor (Practice/Individual): _____ Date: _____

Address: _____

Phone/Fax: _____ Email: _____

Visa/MC/AmEx #: _____ Exp: _____

Name of Patient*	Species	Owner's Name and Contact Info*	Amount	Donation is from*
<i>Example: Sampson</i>	<i>Canine/ Feline</i>	<i>Ms. Susan Foster Street Address, Apt # City, State, Zip, Phone</i>	__ \$5 __ \$25 __ \$10 <input checked="" type="checkbox"/> Other \$75	<i>The doctors and staff of/ Dr. Alan Jones</i>
			__ \$5 __ \$25 __ \$10 __ Other \$__	
			__ \$5 __ \$25 __ \$10 __ Other \$__	
			__ \$5 __ \$25 __ \$10 __ Other \$__	
			__ \$5 __ \$25 __ \$10 __ Other \$__	
			__ \$5 __ \$25 __ \$10 __ Other \$__	
			__ \$5 __ \$25 __ \$10 __ Other \$__	

Credit card donations can be made to the ACVIM Foundation by email (Juliebeth@ACVIM.org) or by fax (303-231-0880)

Checks should be made payable to **ACVIM Foundation** and mailed to:

1997 Wadsworth Blvd, Lakewood, CO 80214-5293 USA

Questions and comments can be directed by email (Foundation@ACVIM.org) or call 800-245-9081 or visit www.ACVIMFoundation.org

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