



ACVIM Foundation Memorial Donation Form

Donating Practice/Doctor: _____ Submission Date: _____
 Address: _____
 Phone/Fax: _____ Email: _____
 Visa/Master Card Number: _____ Expiration date: _____

Name of patient as it should appear on acknowledgement	Species	Owner's name and mailing address as it should appear on acknowledgement	Donation Amount	Acknowledgegement should state donation is from:
<i>Example: Sampson</i>	<i>Hamster</i>	<i>Dr. and Mrs. Don Jones Street Address, Apt. # City, State Zip</i>		<i>The doctors and staff of the Mount Vernon Veterinary Hospital</i>
<i>Example: Mikey</i>	<i>Canine</i>	<i>Ms. Susan Foster Street Address, Apt. # City, State Zip</i>		<i>Dr. Alan Farkward</i>
Total Donation Amount			\$	-

· Please fax or mail this form with your check or credit card donation.

*Credit card donations can be made to the ACVIM Foundation by email (Heather@acvim.org) or by phone (800-245-9081)

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

ACVIM Foundation; 1997 Wadsworth Blvd, Suite A, Lakewood, CO 80214-5293 USA

Questions and comments can be directed by email (foundation@acvim.org) 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 enhance the diagnosis, treatment, and prevention of disease in all animals. The Foundation is committed to supporting the acquisition and distribution of new knowledge with direct clinical implications in veterinary internal medicine.