



GIFT FORM

(check or credit card)

I/WE WOULD LIKE TO MAKE A GIFT TODAY TO THE COLLEGE OF VETERINARY MEDICINE AT PURDUE UNIVERSITY.

Total gift amount: \$ _____

I would like my gift to be used for (program/fund)

\$ _____ Area of Greatest Need (RF0077)

\$ _____ DVM and Vet Tech Scholarships (019810)

\$ _____ Financial Assistance for Pet Owners (005510)

\$ _____ In Memoriam Program (001122)

\$ _____ Regional Equine Diagnostic and Surgical Center (016197)

\$ _____ Veterinary Teaching Hospital Gift Fund (002586)

\$ _____ Other _____

PLEASE PRINT CLEARLY:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Alumna/us: YES or NO

College / Year: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Alumna/us: YES or NO

College / Year: _____

PAYMENT INFORMATION:

By Check – made payable to **Purdue Foundation**

By Credit Card

I authorize Purdue University to charge \$ _____ to my:

Visa MasterCard Discover American Express

Card number: _____ Exp. Date: _____ Sec Code: _____

Print name as it appears on card: _____

My credit card billing address is the same as the address listed above.

If different, please provide billing address: _____

Signature: _____ **Date:** _____

MAIL THIS FORM AND PAYMENT TO:

College of Veterinary Medicine
Development Office
Lynn Hall, rm 1177-A
625 Harrison Street
West Lafayette, IN 47907-2026
(765) 494-6304 (765) 496-1261 (fax)
gifts@prf.org

This gift will be matched.

Company: _____

Matching gift forms should be obtained from the company, completed and mailed to:

Purdue Foundation
Dauch Alumni Center
403 West Wood Street
West Lafayette, IN 47907