



**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)  
[optional]  
\_\_\_\_\_

☐ 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

**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

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

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

Comments/Notes: \_\_\_\_\_

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