

Donation Form

Enclosed is my contribution of \$

Donor's Name: _____
Street Address: _____
City/Postal Code/Country: _____
Telephone: _____

Would you like to receive updates on OVC Pet Trust by email?
If YES, please give us your email address

I would like information about including OVC Pet Trust in my will I have included OVC Pet Trust in my will

Donation Information

Is this a memorial donation? Yes No

If YES, deceased **person's** name _____
Or deceased **dog's** name _____
Or deceased **cat's** name _____
Or deceased **other's** name _____

If NO, then for: eg tribute, appreciation, etc. _____

Designation of Gift: Area of greatest need Cancer Centre Project Feline Health Canine Health

Person(s) to Notify

Name _____
Relationship to deceased pet or person _____
Street Address _____
City/Postal Code/Country _____

Payment Information

Donation: \$ _____
 Cheque (payable to the University of Guelph and marked Pet Trust) Visa MasterCard
Cardholder's Name _____
Card No. _____ Expiry Date _____ Signature _____

PLEASE SEND TO: **OVC PET TRUST: c/o Alumni House, University of Guelph, Guelph, ON N1G 2W1**
Tel 519-824-4120 ext. 54431 | Fax 519-822-2670 | pettrust@uoguelph.ca
VISIT US ONLINE AT www.pettrust.ca