



UW Veterinary Care
UNIVERSITY OF WISCONSIN-MADISON

CARD ORDER FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

In the event there are questions about your card order, please provide your telephone number and email address:

TELEPHONE _____ EMAIL _____

ORDER INFORMATION

I wish to purchase one card @ \$10.00 \$ 10.00

I wish to make an additional gift of:

\$50 \$100 \$250 \$500 Other _____ \$ _____

TOTAL (Card Order AND Additional Gift) \$ _____

(Full amount is tax-deductible as a charitable contribution.)

GIFT DESIGNATION

Direct my additional gift to:

Where needed most Student Scholarships Other: _____

Companion Animal Fund Fund for Excellence in Equine Health

CARD RECIPIENT INFORMATION

Notification of my gift should be sent to:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHECK APPROPRIATE BOXES

This gift is made:

In memory of OR In honor of Animal's Name _____

An animal OR A person Person's Name _____

PAYMENT METHOD

Check payable to **UW Foundation** is enclosed.

Charge my credit card.

Card Number: _____ Exp. Date _____

Cardholder Name (Please Print): _____

Cardholder Signature: _____

MAIL THIS ORDER FORM TO:

UW School of Veterinary Medicine
Attn: Gift Processing,
2015 Linden Drive
Madison WI 53706-1102

Questions?
Contact Marsha Callahan
(608) 262-5534
marsha.callahan@wisc.edu

Thank you for your support of the UW School of Veterinary Medicine