

# Minnesota Veterinary Medical Foundation Donation Form



To make a contribution, please complete this form: save file and email to [info@mvma.org](mailto:info@mvma.org), print and fax to (651) 645-7539, or mail to address below.

## CONTRIBUTOR CONTACT INFORMATION:

Name \_\_\_\_\_

Clinic/Hospital/Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Person Memorial name \_\_\_\_\_

or Pet Memorial name \_\_\_\_\_

or In Honor of \_\_\_\_\_

## ACKNOWLEDGEMENT SENT TO:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### ***Your donation is a tax deductible gift.***

I wish to give a contribution of:

\$25    \$50    \$100    \$250    \$500    other \_\_\_\_\_

Check enclosed \_\_\_\_\_ Check number \_\_\_\_\_

Credit Card:    MasterCard    Visa    Discover    AMEX   CVV Code (3 digit code on back) \_\_\_\_\_

Credit Card Billing street address & zip \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I would like someone to contact me on how I might remember the MVM Foundation in my estate plan or make a lifetime gift.

**Minnesota Veterinary Medical Foundation, 101 Bridgepoint Way, Suite 100, South St. Paul, MN 55075**