Kansas State University Pet Tribute

Name of Veterinarian(s):_____

Clinic/Hospital:_____

Street Address:_____

City, State & Zip Code:_____

Telephone Number:_____ **FAX:**_____

Send this form with your contribution or use the form to submit memorials by fax.

PLEASE PRINT CLEARLY or TYPE

Tax Deductible Contribution:_____

Make check payable to: KSU Foundation

Mail check and contribution form to:

Pet Tribute
K-State College of Veterinary Medicine
103 Trotter Hall
Manhattan, KS 66506

PHONE: 785.532.4013
FAX: 785.532.5999

Pet's Name	Species	Pet Owner's Name	Address	City, State, & Zip Code	Gift

Mark ONE Area of Support: ☐ **Greatest Need** ☐ **Veterinary Medical Education** ☐ **Veterinary Research** ☐ **Veterinary Medical Teaching Hospital**