Pet Tribute

I am a(n): ☐ Owner/Caregiver
☐ Friend ☐ Veterinarian
Other_____

This contribution is in ☐ memory of ☐ honor of:

pet's name/person's name

owner's name/caregiver's name

address

city state zip

telephone number

e-mail address

Please direct this contribution to:
☐ Greatest need
☐ Research
☐ Veterinary medical education (scholarships)
☐ Veterinary Health Center

donor, if other than owner/caregiver

address

city state zip

telephone number

e-mail address

☐ Please contact me about estate planning, which will benefit me, my animal(s) and the college.

☐ Yes! I agree to allow my pet's picture to be used in publications, Web, CD, video or new technology media for the promotion of the College of Veterinary Medicine at Kansas State University. Consent is given to copyright and/or publish all media in which my pet appears.

Signature for photo consent

PAYMENT INFORMATION
Please send this form with check, made payable to the KSU Foundation, or your credit card information to the address below:
Your donation $ _____ ☐ American Express
☐ Discover ☐ Visa ☐ MasterCard

card

card expiration date: ___ ___ _____

CVV number

cardholder's name

signature

Whispering Garden entry information

With a minimum contribution of $75, you may honor an animal companion in the Whispering Garden.

☐☐☐☐☐☐☐☐☐☐☐☐☐
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(Maximum of 25 characters, will display on one line only)

Write the message you wish to appear with your pet's Whispering Garden photo. Leave a blank space between words.

- Mail photo to address below with a cardboard protector. Your photo will be returned to you.
- E-mail photo to address below; send largest file size available and include your name in the e-mail subject line.

Pet Tribute
K-State College of Veterinary Medicine
1800 Kimball Avenue
Manhattan, KS 66506

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whisper@vet.k-state.edu
Phone: 785-532-4013
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