

# 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  
1800 Kimball Ave; Suite 200  
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