## **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.

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Tav	Deductib	Je Cor	ntribution:	
IdX	Deductil	ne coi	iti ibution:	

Make check payable to: KSU Foundation

Mail check and contribution form to:

Pet Tribute K-State College of Veterinary Medicine 1800 KIMBALL AVENUE SUITE 200 Manhattan, KS 66502

> PHONE: 785.532.4013 FAX: 785.532.5999

Pet's Name	Pet Owner's Name	Address	City, State, & Zip Code	Gift	
Mark ONE Area of Support: O Greatest Need O Veterinary Medical Education O Veterinary Research O Veterinary Health Center					