

# Kansas State University Pet Tribute Form

Tax Deductible Contribution: \$ \_\_\_\_\_

Name of Veterinarian(s): \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_



Mail check and contribution form to:

Pet Tribute  
KSU Foundation  
1800 Kimball Avenue, Suite 200  
Manhattan, KS 66502

**Make check payable to: KSU Foundation**

Faxing: 785.532.5999 **OR** Emailing:  
pettribute@ksufoundation.org

**\*\*Credit card payment only\*\***

**\*\*Credit card information will NOT be kept on file;  
please share each time entries are submitted\*\***

Name on card \_\_\_\_\_

If this is a business credit card, business name:  
\_\_\_\_\_

Card Number \_\_\_\_\_

Exp. date \_\_\_\_\_ CVV number \_\_\_\_\_

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

Mark **ONE** Area of Support:    ☐ Greatest Need    ☐ Veterinary Education    ☐ Veterinary Research    ☐ Veterinary Health Center