Kansas State University Pet Tribute

<table>
<thead>
<tr>
<th>Pet’s Name</th>
<th>Species</th>
<th>Pet Owner’s Name</th>
<th>Address</th>
<th>City, State, &amp; Zip Code</th>
<th>Gift</th>
</tr>
</thead>
</table>

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

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

Tax Deductible Contribution:_____  
Make check payable to: KSU Foundation

Mail check and contribution form to:
K-State College of Veterinary Medicine
1800 Kimball Ave; Suite 200
Manhattan, KS  66506
PHONE: 785.532.4013
FAX: 785.532.5999