

**Yes! I (we) would like to support the Center for Companion Animal Health.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**OPTIONAL:**

This gift is (check one)  in honor of  in memory of  
(check one)  Person  Animal (species \_\_\_\_\_) Name: \_\_\_\_\_

**Please notify the following person(s) of this gift:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ENCLOSED IS MY (OUR) GIFT OF:**

\$ \_\_\_\_\_

**Gifts of \$1,000 or more qualify donors for membership in Friends of Companion Animals**, an honor given to those special friends in recognition of their generous gifts to benefit the Center for Companion Animal Health. Members have access to exclusive Center and School events as a way to say "thanks" for their generosity and loyal support.

**I (WE) WISH TO SUPPORT:**

- Canine Health Research (V483075)  Feline Health Research (V483076)  
 Koret Shelter Medicine Program (V483195)  CCAH Program Support – Area of Greatest Need (V483074)

**PAYMENT METHOD** [select one]

Check (payable to UC Regents)

**Please charge my (our)**  VISA  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**  
UC Davis School of Veterinary Medicine  
Office of Advancement  
PO Box 1167  
Davis, CA 95617

To view solicitation disclosure statement, please visit:  
<https://giving.ucdavis.edu/ways-to-give/disclosures.html>