

Gift Contribution Form

Yes! I want to advance animal health and veterinary education through a gift to the Center for Companion Animal Health at the School of Veterinary Medicine, UC Davis.

Date: _____

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____

City: _____ State: ____ Postal Code: _____ Country: _____

Phone 1: _____ Phone 2: _____

E-mail: _____

Gift Amount: _____ (Please make checks payable to UC Regents)

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 would like my gift to support:

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

Optional: This gift is (check one) *in honor of* OR *in memory of*
(check one) Person OR Animal (species _____) Name: _____

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

Name(s): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Please mail this form and your gift to:

Office of Development
UC Davis School of Veterinary Medicine
PO Box 1167
Davis, CA 95617

If you have questions please call the School of Veterinary Medicine Development Office at 530-752-7024.
<http://giving.ucdavis.edu/ways-to-give/disclosures> (CAAH printable gift form revised 8/2/2018)