

OVC Pet Trust Donation Form

Enclosed is my contrib	oution of \$				
Donor's First Name: _	Name:				
Street Address:					
City/Postal Code/Country:			Telephone:		
Would you like to recei	ive updates on OVC Pet	Trust by email?			
If YES, please provide ι	us with your email addre	ess			
I would like information about including OVC Pet Trust in my Will			I have included OVC Pet Trust in my Will		
About your gift:					
Type of donation:	in memory of pet	in memory of person			
	in honour of pet	in honour of person	in appreciation of a person		
Pet or Person's name:					
If pet, please indicate :	species: Dog	Cat Other:			
Message to include: _					
Designation of Gift:	Area of Greatest Nee	ed Cancer Centre			
	Feline Health	Canine Health	Other		
Person(s) to Notify					
rst Name: Last Name:					
Street Address:					
Payment Informatio	on:				
Donation Amount: \$_			-		
Cheque (payable	to the University of Guel	lph and marked Pet Trust)	Visa	Mastercard	AMEX
Cardholder's Name: _					
Card No.		Expiry Date	Signature _		

Please send to: OVC Pet Trust: c/o Alumni House, University of Guelph, Guelph, ON N1G 2W1

Fax: 519-822-2670 | pettrust@uoguelph.ca

Visit us online at: www.pettrust.ca

