



IMPROVE LIFE.

Donation Form

Enclosed is my contribution of \$

Donor's Name: _____

Street Address: _____

City/Postal Code/Country: _____

Telephone: _____

Would you like to receive updates on OVC Pet Trust by email?

If YES, please provide us with your email address

I would like information about including OVC Pet Trust in my Will

I have included OVC Pet Trust in my will

Donation Information

Is this a memorial donation? Yes No

If YES

Deceased person's name: _____

Deceased dog's name: _____

Deceased cat's name: _____

Or Deceased other's name: _____

If NO, then for: tribute, appreciation, etc: _____

Message to include: _____

Designation of Gift: Area of Greatest Need Cancer Centre
 Feline Health Canine Health Other _____

Person(s) to Notify

Name: _____

Relationship to deceased person or pet: _____

Street Address: _____

City/Postal Code/Country: _____

Payment Information

Donation Amount:

Cheque (payable to the University of Guelph 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

Personal information is collected under the authority of University of Guelph Act(1964) for the purpose of donor relations and gift acknowledgment.

For details contact the Pet Trust Office at 519-824-4120 ext. 54695, or by email at ovcpet@uoguelph.ca or pettrust@uoguelph.ca

Charitable Registration # 10816 1829 RR 0001