



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  Minimally Invasive Procedure  
 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

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](mailto:pettrust@uoguelph.ca)

VISIT US ONLINE AT [www.pettrust.ca](http://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](mailto:ovcpet@uoguelph.ca) or [pettrust@uoguelph.ca](mailto:pettrust@uoguelph.ca)

Charitable Registration # 10816 1829 RR 0001