

WCVM | Companion Animal Health Fund**Companion Animal Memorial Program**UNIVERSITY OF
SASKATCHEWAN

cahpets.ca

Enclosed is a donation in the amount of

 \$25 \$50 \$100 Other \$ _____

In memory of _____

Do we have permission to send an acknowledgment letter to
the surviving family? Yes No

Please send acknowledgment to:

Owner's name _____

Owner's address _____

City _____

Province _____

Postal code _____

SEND ACKNOWLEDGMENT TO

Donor's name (first name, middle initial, last name) _____

Address _____

City _____

Province _____

Postal code _____

DONOR INFO

PAYMENT

Cardholder's name _____

Middle initial _____

Cardholder's signature _____

Note: Official receipt will be issued in the name of the cardholder. Personal credit card Corporate credit card
 VISA MasterCard American Express

Card expiry date (month/year) _____

_____ / _____

THANK YOU!**COMPANION ANIMAL HEALTH FUND**University of Saskatchewan
G16 Thorvaldson Bldg., 110 Science Pl.
Saskatoon, SK S7N 5C9 CANADATelephone: 306-966-7268
Fax: 306-966-7274
Email: wcvm.supportus@usask.ca*Receipts issued for income tax purposes.
Letters to clients will be issued for gifts of \$10 or more.*