Photo: iStockphoto

COMPANION ANIMAL Memorial Program

COMPANION ANIMAL HEALTH FUND

University of Saskatchewan
G16 Thorvaldson Bldg., 110 Science Place
Saskatoon, SK S7N 5C9 CANADA

Telephone: **306-966-7268**
Fax: 306-966-7274
Email: wcvm.supportus@usask.ca

UNIVERSITY OF SASKATCHEWAN | cahfpets.ca

Client	Address	City	Province	Postal Code	Pet's Name	Donation Amount

Receipts issued for income tax purposes. Letters to clients will be issued for gifts of $10+

Multiple Donation Form

4062

Company's name

Cardholder's name **Middle initial**

Cardholder's signature

Note: Official receipt will be issued in the name of the cardholder if different than the clinic name

❑ **Personal credit card** ❑ **Corporate credit card**

❑ **VISA** ❑ **MasterCard** ❑ **American Express**

_____ - _____ - _____ - _____

Card expiry date (month/year)

_____ / _____

Donor Information

Thank you!

Total Enclosed

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

Hospital / Clinic Name

Address

City **Province** **Postal code**

Canada Revenue Agency - Charitable Organization Registration No. 11927 9313 RR0001