



Colorado Veterinary
Medical Foundation

GIFT / PLEDGE FORM

Donor Name _____

Address _____

City _____ State _____ Zip _____

Would you like your gift to remain anonymous? Yes No

Gift Designation. Please designate my/our gift(s) to the Colorado Veterinary Medical Foundation following area:

- 2011-12 Challenge Campaign
 Where the Need is Greatest Fund
 Other: _____

Method of Payment

Check Enclosed (Please make payable to CVMF)

VISA MasterCard American Express Discover

Credit Card #: _____ Exp. _____ CV#: _____

Name on Card: _____

Pledge. I/we plan to make my/our gift on the following schedule:

(1) _____ (Day) _____ (Month) _____ (Year)

(2) _____ (Day) _____ (Month) _____ (Year)

(3) _____ (Day) _____ (Month) _____ (Year)

Donor Signature

Date

Once completed, mail or fax donation form to:
Colorado Veterinary Medical Foundation
Office of Development
CVMF Harrison Center for Animals
191 Yuma Street
Denver, Colorado 80223
303.539.7635 (direct)
303.318.0450 (fax)