

DONOR INFORMATION

Name: _____

Address: _____

Street Address

Apt. or Suite #

City

State

Zip

Phone Numbers: _____

Home

Business

Email Address: _____

GIFT DESIGNATION Area & Fund(s)

Please make checks payable to the UT Foundation.

____ Undesignated for greatest need

____ Large Animal Hospital _____

____ Small Animal Hospital _____

____ Scholarship _____

____ Public Health & Outreach _____

PLEDGE

I/We wish to make a pledge of \$ _____ payable over _____ years.

I/We plan to pay this commitment: _____ Annually, _____ Semi-annually or _____ Quarterly.

My/Our first payment will be _____, 20_____

MATCHING GIFT INFORMATION

____ I/We work for a Matching Gift Company. My employer is _____

____ Enclosed is a completed matching gift form. _____ I/We have applied online for a matching gift.

TRIBUTE INFORMATION

This gift is _____ IN MEMORY _____ IN HONOR

of _____ Person _____ Pet

Please Notify: _____

Address: _____

Street Address

Apt. or Suite #

City

State

Zip