

Office of Advancement Veterinary Medicine Academic Building 1900 Coffey Road Columbus, OH 43210

614-688-8433 Phone vet.osu.edu

| Pet Memorial Information Sheet | | | | |
|---|------------------|------------------------|-------------------|---------------------|
| I am $a(n)$: \square Owner/ Caregiver \square Friend | ☐ Other: | | | |
| This contribution is in \square Memory Of \square H | onor of: | | | |
| Pets Name | | | | |
| Donor Information: | | | | |
| Name(s)* | | | | - |
| Address | City | | State | Zip |
| E-mail | _ Home Pho | one | _ Cell Phone | |
| *In the event of a public records request, the universi and terms of their gifts. | ty is required b | y law to release the r | names of donors a | nd the date, amount |
| I/we would like to make the following gif to: | t(s) | Please send no | tice of this gif | t to: |
| ☐The Ohio State Fund for the | | Owner's Name | · | |
| Veterinary Medical Center | | Owner's Street | Address: | |
| ☐Oncology Support Fund | | | | |
| ☐Good Samaritan Care Fund | | | | |
| Excellence in Pet Care | | | | |
| ☐Other: | | Owner's Zip: | | |
| Payment Options | | | | |
| Online Visit give.osu.edu/petmemorial | | | | |
| Check Make checks payable to The Ohio S | tate Univers | ity Foundation | | |
| Credit Card This is a one-time gift of \$ | | _ | | |
| Complete your credit card information: | | | | |
| Credit card number | | | Expiration date | |
| Print name on card | | | | |
| Signature | | | Date | |