## **Pet Memorial Information Sheet**

Veterinarian Name	9			
Animal Hospital/Cl	inic			
Street Address			[	
City	State	Zip		
Supporting:   Excellence in Pet Care Endowment				

□ Good Samaritan Care □ Veterinary Medical Center



THE OHIO STATE UNIVERSITY

COLLEGE OF VETERINARY MEDICINE

Total Donation		
Suggestee	d donation: \$10 per pet	
□ Check Enclose Make Paya	ed Ohio State ble to "The Ohio State Unive	ersity Foundation"
□ VISA or MC		Exp.
□ Prefer to make	e your gift online?	

Visit: give.osu.edu/rdvmpetmemorial

Please print or type so we can process the memorials accurately.

PET'S NAME	OWNER'S NAME	STREET ADDRESS	CITY	STATE	ZIP	DONATION

Please send form to: Office of Advancement, Veterinary Medicine Academic Building, 1900 Coffey Road, Columbus, Ohio 43210. If you have questions, please call (614) 247-8051.