

**GIFT CONTRIBUTION FORM
LSU SCHOOL OF VETERINARY MEDICINE**

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Yes! I would like to support the LSU School of Veterinary Medicine. Enclosed is my gift of: \$ _____

I would like my gift to support:

_____ Area of Greatest Need _____ Equine Health Studies Program

_____ Advance Veterinary Medicine Fund _____ Professorship Fund

_____ Animal Reproduction (Theriogenology) Facility _____ Student Scholarship Fund

_____ Companion Animal Support Fund _____ Wildlife Hospital Fund

_____ Emergency Response (Spirit) Fund

_____ Other (please specify) _____

Please make your check payable to "LSU Foundation."

_____ My gift will be matched by my company: _____

_____ I have enclosed a signed matching gift form.

For credit card contributions:

Type of Credit Card: ___ VISA ___ MC ___ AmEx ___ Discover

Expiration Date _____ Card Number _____

Cardholder's Signature _____

I would like to designate my gift (please circle) *in memory of / in tribute to:*

_____ (person / pet)

Please notify:

Name _____ Relationship to honoree _____

Address _____

City _____ State _____ ZIP _____

Please print this form, then complete and mail to:

Office of Institutional Advancement
School of Veterinary Medicine
Louisiana State University
Baton Rouge, Louisiana 70803