



## 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 TVMF in the following area:

- ☐ TVMF P.A.L.S.
- ☐ Disaster Relief Grants
- ☐ Emergency TAMU CVM Student Fund
- ☐ Where the need is greatest
- ☐ Other: \_\_\_\_\_

Method of Payment

- ☐ Check Enclosed
- ☐ Visa
- ☐ MasterCard
- ☐ American Express

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

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

Once completed, mail or fax donation form to:  
Texas Veterinary Medical Foundation  
8104 Exchange Drive  
Austin, TX 78754  
Fax: 512-452-4224

*The Texas Veterinary Medical Foundation's Tax ID is 74-1983485.*