



School of  
**Veterinary Medicine**

# LSU SVM Gift Contribution Form

**Donor Information (please print or type)**

Name	
Home Address	
City, State, Zip Code	
Telephone (home/cell)	
Email	

**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
- Companion Animal Clinic Capital Challenge
- School of Veterinary Medicine Dean's Circle Fund (\$1000 minimum gift or \$250 minimum gift for SVM 2008-2018 graduates and SVM faculty and staff)
- Wildlife Hospital of Louisiana Support Fund
- Equine Health Studies Program
- Good Samaritan Fund
- Food Animal Support Fund
- Other (please specify) \_\_\_\_\_

**To give by check:**

- Complete this form
- Make your check payable to: **LSU Foundation**
- Mail to the address below

**To give by credit card:**

Credit card type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Amex
Credit card number				Expiration Date:
Authorized signature				
Charge my card	<input type="checkbox"/> Once per month	<input type="checkbox"/> Once per quarter	<input type="checkbox"/> Once per year	<input type="checkbox"/> Once only

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

Person/Pet Name: \_\_\_\_\_

Please notify:

Name	
Billing address	
City, State, Zip Code	

**Please mail checks, corporate matches, or other gifts to:**

Tracy Evans, Senior Director of Development  
 LSU School of Veterinary Medicine  
 Baton Rouge, Louisiana 70803  
 (225) 578-9870  
[tracy@lsu.edu](mailto:tracy@lsu.edu)