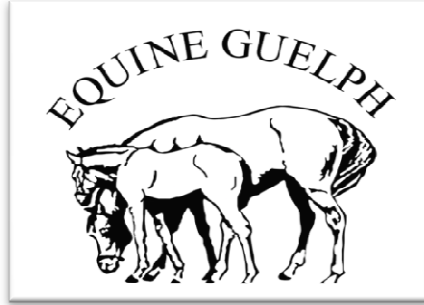


VET DONATION FORM

Equine Guelph
 c/o Alumni House
 University of Guelph
 Guelph ON N1G 2W1
 Phone: (519) 824-4120 ext. 54431
 Fax: 519-822-2670
 e-mail: EGdonate@uoguelph.ca



Memorial Program Donor Identification:

Hospital/Clinic Name: _____
 Contact Name: _____
 Address: _____
 City: _____
 Province: _____ Postal Code: _____
 Telephone: _____
 Fax: _____
 E-mail: _____

Please type donation information and return memorial form to us

Client Name	Address	City	Prov.	Postal Code	Horse Name	* Amount of Donation

REQUEST FOR MATERIALS: Equine Guelph Brochures
 Equine Guelph Education Brochures

Designation of Gifts: Area of Greatest Need
 Performance
 Research
 Healthcare/Hospital Renewal
 Education

(1 area for above gifts)

* A MINIMUM \$50 DONATION WOULD BE APPRECIATED TO HELP COVER THE COSTS OF THE PROGRAM

