

TAMU COLLEGE OF VETERINARY MEDICINE
Memorial Contributions

First and Last Name, DVM
Address
City, State Zip Code
Phone Number

Total Gift: \$ _____ Date: _____

Please make check payable to:
Texas A&M Foundation

Direct my gift to:
(designated fund/account)

Acknowledgement of Memorial should be sent to: (Please print clearly)

Client/Honoree	Address	City, State, Zip	Animal's Name	Type of Animal
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Please mail completed form to:
Office of the Dean, Attn: Development Office
College of Veterinary Medicine, 4461 TAMU, College Station, TX 77843-4461