



Gift Contribution Form

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone: _____ Email Address: _____

- College of Veterinary Medicine Annual Fund
- Veterinary Teaching Hospital Annual Fund
- Marion DuPont Scott Equine Medical Center Annual Fund
- DVM Student Support Annual Fund
- Clinical Research Annual Fund
- Population Health Sciences/Public Health Annual Fund
- Biomedical and Veterinary Sciences Annual Fund
- Other: *Please write in below*

This is a memorial or honorary gift, so I am including the following information:
Check one: In Memory of In Honor of Name: _____

- Please contact me regarding the following:
- Major gifts, multi-year pledges, or naming opportunities
 - Estate planning, bequests, and trusts
 - Gifts of appreciated stock, securities, and real estate

If you have any questions, comments, or concerns, please contact the Development Office at:
(540) 231-0465 or vetdev@vt.edu.

Thank you for your contribution to the College!
We greatly appreciate all your support. You make a difference.

