Gift Contribution Form

Name: _____________________________________________  Date: ______________________________

Address: ___________________________________________

Street      City                 State        Zip

Phone: _______________________________  Email Address: _______________________________

☐ College of Veterinary Medicine Annual Fund
☐ Veterinary Teaching Hospital Annual Fund
☐ Animal Cancer Care and Research Center 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 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 cvmadvancement@vt.edu

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