

The Veterinary Memorial Fund

Office of the Dean
Virginia-Maryland Regional
College of Veterinary Medicine



Virginia Tech
Blacksburg, VA 24061

MULTIPLE TRANSMITTAL FORM

TO ENSURE THAT WE PRODUCE A LETTER TO MEET YOUR NEEDS, PLEASE TYPE OR PRINT LEGIBLY THE COMPLETE INFORMATION REQUESTED. THANK YOU

DONATION FROM: _____
(HOW YOU PREFER IT TO APPEAR IN BODY OF LETTER--example: Dr. X from XYZ Clinic)

NAME OF CLINIC/HOSPITAL: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

SUMMARY THIS DONATION (FILL OUT ONLY ON FIRST PAGE, IF MULTIPLE PAGES)

TOTAL	# of animals	\$	FOR OFFICE USE ONLY	
CANINE	_____	_____	TOTAL: \$	DEPOSIT #: _____
FELINE	_____	_____	CHECK #: _____	DATE: _____
EQUINE	_____	_____	DATE: _____	
AVIAN	_____	_____		
BOVINE	_____	_____		
NON-DOMESTIC EXOTIC	_____	_____		

CONTINUED ON NEXT PAGE

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ENVELOPE

TO READ:

Owner(s) name (s) - please include titles

STREET:

CITY:

STATE:

ZIP:

LETTER TO

READ:

(Example: Dear Mr. and Mrs., Dear Ms., Dear "Jones" Family)

ANIMAL NAME(S): 1. _____

2. _____

SPECIES: 1. _____

2. _____

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