Naming of a Chi Institute Teaching Area Donation Form Supporting the WATCVM Fundraiser Project

Please print this page, complete and send	to:
WATCVM Fa	x: 866-700-8772
	nail: support@aatcvm.org
Reddick, FL 32686	
Minimum required donation □\$15.000 (e:	xam room) 🗆 \$50,000 (library, garden, auditorium)
	Total \$
Donor Information:	Method of payment:
Name	Check # please make checks payable to WATCVM
	Credit card □ Visa □ Master Card □ American Express □ Discove
	Code Name on Card
	Card Number
	Expiration date/ CVC Code Billing Zip Code
•	☐ I/We prefer to remain anonymous like to appear on the commemorative sign to be placed above an e garden area. (Ex. The Dr. Rosenburg Exam Room)
* If you make a contribution in honor or m indicating that a donation has been made in	emory of a loved one, they will receive an acknowledgement letter name.
☐ In memory of: ☐ In honor of:	
☐ Pet ☐ Person Name	
Please send acknowledgement letter to (i.e. Name:	pet owner, bereaved family member, honored person):
Address	
CityState	zZip code
•	•

Your support of the WATCVM will help to fund TCVM research, scholarships for continuing education in TCVM to veterinarians in impoverished countries, establishing ISO for TCVM and to provide TCVM disaster relief to animals. Thank you for your generosity and interest in our projects.

The WATCVM is a partner of the AATCVM, a registered 501(c)3 non-profit organization. The WATCVM has applied for non-profit status. Please consult your tax advisor with questions regarding this donation.