



Please return this gift form to:

VETLIFE
P.O. Box 803
Howell, MI 48844

DONATION FORM

VETLIFE is exempt under section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible.

DONOR INFORMATION

Date:

Is this donation being made by a company? If yes, please list company name below.

Company Name:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Yes, I would like to receive email communications from VETLIFE (ie. - updates on events, programs, news, etc.)

GIFT INFORMATION

My check is enclosed and made out to VETLIFE

Please charge my credit card

Donation Amount:

One Time

Monthly

Annually

Card Type:

Visa

MasterCard

Discover Card

American Express

Credit Card Number:

Expiration Date:

Name on Card:

Cardholder Signature: _____

(If the billing address is different from the donor information above please enter billing information below)

Address:

City:

State:

Zip Code: