



Please return this gift form to:

**VETLIFE**  
3715 Amber Oaks Drive  
Howell, MI 48855

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

# DONATION FORM

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## 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.)

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## 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: