

IVMF Pet Memorial Donations

Illinois Veterinary Medical Foundation
1121 Chatham Road, Springfield IL 62704
217-546-8381



Please print.

Date: _____

Clinic: _____ Address: _____

Ph: _____

CLIENT NAME (Please denote Mr., Mrs., Ms. or Dr.)	MAILING ADDRESS (Please include PO Box)	CITY, STATE, ZIP CODE	PET NAME

TOTAL # MEMORIALS: ____ DONATION AMOUNT PER UNIT: \$ ____ TOTAL DONATION AMOUNT: \$ ____ Each pet owner receives an acknowledgement regarding your donation in memory of their pet.