



# Illinois Veterinary Medical Foundation

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## 2023 SILENT AUCTION DONOR FORM

Please forward all information to:

**Jeff Tarr**

Email: jeff.tarr@isvma.org Fax: 217-546-5633

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*Name of Hospital/Clinic/Business (if applicable)*

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*Person who made the donation (correspondence and receipt of donation will be forwarded to this person)*

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*Address*

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*City, State, Zip*

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*Phone Number (required)*

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*Email Address (required)*

**Estimated Value of Donation:** \_\_\_\_\_

**Description of donated item for use on the Silent Auction Bid Sheet:**

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**I would rather provide a financial donation to the IVMF.**

\_\_\_\_ Please accept the enclosed check. \_\_\_\_ Please bill my VISA or Master Card (circle one)

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_