



Illinois Veterinary Medical Foundation

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2024 SILENT AUCTION DONOR FORM

Please forward all information to:

Jeff Tarr

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

Name of Hospital/Clinic/Business (if applicable)

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

Address

City, State, Zip

Phone Number (required)

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Estimated Value of Donation: _____

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

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 _____