

**Yes! I (we) would like to support the Center for Equine Health.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**OPTIONAL:**

This gift is (check one)  in honor of  in memory of  
(check one)  Person  Animal (species \_\_\_\_\_) Name: \_\_\_\_\_

**Please notify the following person(s) of this gift:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ENCLOSED IS MY (OUR) GIFT OF:**

\$ \_\_\_\_\_

**I (WE) WISH TO SUPPORT:**

- General Support Fund (V007U30)  Equine Tribute and Memorial Fund(V407E31)  
 Teaching Herd Fund (V407THS)  "Pay It Forward" Fund (V407PIF)

**PAYMENT METHOD** [select one]  
 **Check** (payable to UC Regents)

**Please charge my (our)**  VISA  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**  
UC Davis School of Veterinary Medicine  
Office of Advancement  
PO Box 1167  
Davis, CA 95617

To view solicitation disclosure statement, please visit:  
<https://giving.ucdavis.edu/ways-to-give/disclosures.html>