

WCVM | Townsend Equine Health Research Fund

Equine Memorial Program

**UNIVERSITY OF
SASKATCHEWAN**
tehrf.ca

Enclosed is a cheque in the amount of

 \$25 \$50 \$100 Other \$ _____

In memory of _____

Do we have permission to send an acknowledgment letter to

 the surviving family? Yes No

Please send acknowledgment to:

Owner's name _____

Owner's address _____

City _____

Province _____

Postal code _____

SEND ACKNOWLEDGMENT TO

Donor's name (first name, middle initial, last name) _____

Address _____

City _____

Province _____

Postal code _____

DONOR INFO

PAYMENT

Cardholder's name _____

Middle initial _____

Cardholder's signature _____

Note: Official receipt will be issued in the name of the cardholder.

 Personal credit card Corporate credit card
 VISA MasterCard American Express

Card expiry date (month/year) _____

_____ / _____

THANK YOU!
➤ TOWNSEND EQUINE HEALTH RESEARCH FUND

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 Email: wcvm.supportus@usask.ca

*Receipts issued for income tax purposes.
 Letters to clients will be issued for gifts of \$10 or more.*