



Gift Contribution Form

Name(s): _____

Preferred Address: _____

City: _____ State: _____ Zip: _____

Phone No: (____) _____ Date: ____/____/____

GIFT FUNDS

Please check the name(s) of the funds you wish to support.

- UNRESTRICTED**
(area of greatest need)

College-wide Funds

- General Scholarship
- Faculty Development
- Student Emergency Aid
- Agriculture and Veterinary Medicine Library
- International Students Support
- Vet. Med. Assistance
- Education Program Enhancement
- Staff Development
- Diversity Program

Comparative Medicine and Public Service Funds

- HABIT
(Human-Animal Bond in Tennessee)
- HALT
(Humans & Animals Learning Together)
- Dog Bite Prevention
- Comparative Medicine Research
- Veterinary Social Work Services
- CAIT
(Companion Animal Initiative of TN)
- Comp. Med. Staff Development
- Animal Science Vet. Medicine
- Emma's Fund for Endocrine Research

Large Animal Clinical Sciences Funds

- TEVRO (TN Equine Veterinary Research Organization)
- Food Animal Research
- Equine Surgical Suite Renovation
- Rescued Animal
- CEVR (Center for Equine Veterinary Research)
- CMAP (Center for Management of Animal Pain)
- HBOT (Hyperbaric Oxygen Therapy)
- Large Animal Hospital Expansion
- Large Animal Faculty Development
- Large Animal Research
- Farm Animal Discretionary
- TN Alpaca & Llama Research
- Equine Exercise Physiology
- Equine Rehabilitation Certification

Pathobiology Funds

- Pathobiology Research
- Pathobiology Faculty Development
- Pathobiology/Anatomic Pathobiology
- Pathobiology Staff Development

Small Animal Clinical Sciences Funds

- Companion Animal
- Avian Medicine
- Wild Animal Medical Treatment
- Small Animal Research
- Small Animal Faculty Development
- Oncology Research
- Radiation Oncology
- ASLAN Intensive Care Unit
- Dr. T.J. Lafeber Companion Bird
- Emergency and Critical Care
- Physical Therapy
- Angel Fund for Research and Treatment of Congenital Portosystemic Shunts (Dogs)
- Fancy Fund (Collapsing Trachea) Research and Treatment (small breed dogs)
- Small Animal Faculty Development Fund
- Small Animal/Exotics Assisted Care
- Avian Medicine
- Exotic and Zoological Animals
- Small Animal Staff Development
- Small Animal/Exotics Good Samaritan
- Rescued Animal
- Neurology/MRI
- Urology
- Ophthalmology

Enclosed is my gift of:

\$1,000.00
 \$500.00
 \$250.00
 \$100.00
 \$50.00
 Other:

Checks:

Please make checks payable to **The University of Tennessee** and mail to:

The University of Tennessee, College of Veterinary Medicine
2407 River Drive Knoxville, TN 37996-4550
ATTN: Dr. Claire Eldridge

Credit Card Information: VISA Master Card Discover Card

Name as it appears on card: _____

Account #: _____

Expiration Date (MM/YY): _____

Mailing Address: _____

Daytime Phone #: _____

My employer will match this gift:

Name of employer: _____

Matching Gift Fund Form, completed, enclosed

Please contact me regarding the following:

- Planned Giving Gift Annuities Charitable Trusts
 Real Estate Securities Creating an Endowment
 Other: _____

MEMORIAL GIFT

In remembrance of _____ Pet Person

GIFT TO HONOR SOMEONE

In honor of _____ Pet Person

Please notify the following individual(s) that a ___memorial ___honorary gift has been received:


Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: (____) _____ Date: ____/____/____

**Thank you for supporting the
College of Veterinary Medicine!**

THE UNIVERSITY of TENNESSEE 
COLLEGE of VETERINARY MEDICINE
2407 River Drive Knoxville, TN 37996-4550
fax: (865) 946-1826, email: cvmdev@utk.edu
ATTN: Dr. Claire Eldridge