



Purdue University College of Veterinary Medicine Gift/Pledge Form

NAME: _____

ADDRESS: _____

CITY, ST and ZIP: _____

Yes, I would like to support **TCC Bladder Cancer Research** which includes the **Scottish Terrier Screening Study** with a gift/pledge of:

- Full payment is enclosed.
- Multi-Year Pledge

I/We commit to a _____ (1-5 year) year pledge with a total pledge amount of \$_____.

- I prefer my gift to be anonymous.
- Please send me reminders when a payment is due.
 - Annually _____ (Please indicate what month you would like the reminder to be sent)
 - Bi-annually _____ (Please indicate what months you would like the reminders to be sent)
 - Quarterly
 - Monthly

Payment Options

- Check (*Please make check payable to Purdue Foundation*)
- Credit Card

_____ MasterCard _____ Visa _____ Discover _____ American Express

Card Number: _____ Exp Date _____ 3 Dig Sec Code: _____

Name on the Card: _____

- My credit card billing address is the same address as listed above.

If different, please provide billing address: _____

Signature _____ Date: _____

Please mail form and payment to:
College of Veterinary Medicine
Office of Advancement
Lynn Hall, Room 1177 A
625 Harrison Street
West Lafayette, IN 47907
Phone: (765) 494-6304