

RIVMA Companion Animal Foundation

Memorial Gift Program

Memorial Gift form

I would like to make a gift in memory of: _____

I would like the RIVMA Companion Animal Foundation to notify:

Name: _____

Address City, State, Zip: _____

That a gift has been made by:

Your Name _____

Address City, State, Zip: _____

Payment options:

Circle One: MasterCard Visa American Express

Credit Card # _____ Exp. _____

Check: Make checks payable to Companion Animal Foundation.

Please return this form to:

RIVMA Companion Animal Foundation
11 South Angell Street, #311
Providence, RI
02906

Please call RIVMA CAF at:

401.521.PETS if you have questions.