

To make a gift, please print this form and mail or fax to the address below, or call during business hours.

Cornell Feline Health Center
College of Veterinary Medicine, Cornell University
Division W3

Ithaca, New York 14853

Phone: (607) 253-3414 | Fax: (607) 253-3419

Business Hours: 9 a.m. - 4:30 p.m. EST, Monday-Friday

Part I - Donor Information (* Required Fields)

Title:

* First Name: *Last Name:

First Name (2nd individual): Last Name (2nd):

Company/Organization:

*Street Address (line 1): (line 2):

*City:

State: Province/Region:

*Zip/Postal Code: Country:

*Phone: Email Address:

Part II - Gift Information

*Gift Amount:

Please apply gift to: Where Most Needed Feline Health Studies Camuti Memorial
Endowment

Gift Designation: in memory of in honor of in memory of in honor of
other designation:

cat name(s):

individual(s):

Please acknowledge to: (if different from above)

Title:

First Name: Last Name:

First Name (2nd individual): Last Name (2nd):

Street Address (line 1): (line 2):

City:

State: Province/Region:

Zip/Postal Code: Country:

Relationship to gift designee (optional):

Comments about this gift:
(limit to 1000 characters)

Part III - Financial Information

Payment Method: Check/Money Order Visa MasterCard Discover AmEx

Credit Card:

Name on Card:

Expiration Date (month/year):