

GIVING FORM



Step 1: ABOUT YOUR GIFT

Donors may make a gift to many different schools and/or departments at Tufts. Please indicate your preferences and the amount of your gift(s). You can make a one-time gift or a recurring gift paid in monthly installments.

| | AMOUNT: | SCHOOL/PURPOSE: |
|--|-----------|---|
| <input type="checkbox"/> One-time gift: | \$ | Cummings School of Veterinary Medicine |
| or | | |
| <input type="checkbox"/> Monthly payments: | \$ | <input type="checkbox"/> I wish to support the area of greatest need. |
| # of months: _____ | \$ | <input type="checkbox"/> Other: <i>(please specify)</i> |
| Starting month: _____ | \$ | |
| | \$ | |
| | \$ | |
| Total Gift | \$ | |

A **matching gift** will be made by my company:

Additional comments about my gift(s):

Veterinary CARE Program

Step 2: ABOUT YOU

Prefix: Mr. Mrs. Ms. Dr. If other, please specify:

First: Middle: Last: Suffix:

Affiliation: Alumni Student Friend Faculty/Staff Other

This is a gift from a business:

Address 1:

Address 2:

City: State: Zip: Country:

Email:

Telephone:

I have included a gift for Tufts in my will, trust, retirement plan, or insurance policy.

I would like to learn more about bequests and/or how I can receive income for life by establishing a charitable trust or gift annuity.

Step 3: PAYMENT INFORMATION

Check enclosed *(payable to Trustees of Tufts College)*

Charge my credit card

Name on Credit Card:

Credit Card Number:

Expiration Date:

Mail to: Tufts Cummings School of Veterinary Medicine
Development Office, Admin Building, Room 306
200 Westboro Road
North Grafton MA 01536

Question(s)?
Email vetcare@tufts.edu or
call 508-839-7905