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Please mail this sheet with your donation check to:
University of Illinois College of Veterinary Medicine
Companion Animal Memorial Fund
2001 South Lincoln Avenue
Urbana, IL 61802

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| ID Number: _____ |
| Date Rec'd: _____ Date Mailed: _____ |
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DATA SHEET FOR COMPANION ANIMAL MEMORIAL CARDS

YOUR NAME _____ **ADDRESS** _____ **TELEPHONE NUMBER** _____
(as it will appear on the memorial card) *(with area code)*

***CLIENT'S NAME** _____ **PET'S NAME** _____ **SPECIES** _____
STREET/CITY _____ STATE ____ ZIPCODE _____

ADDITIONAL MESSAGE FOR MEMORIAL CARD _____

***CLIENT'S NAME** _____ **PET'S NAME** _____ **SPECIES** _____
STREET/CITY _____ STATE ____ ZIPCODE _____

ADDITIONAL MESSAGE FOR MEMORIAL CARD _____

***CLIENT'S NAME** _____ **PET'S NAME** _____ **SPECIES** _____
STREET/CITY _____ STATE ____ ZIPCODE _____

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**Please denote Mr., Mrs., Ms., or Dr. for salutation*