



# HUMAN MEMORIAL DONATION

DATE \_\_\_\_\_, 20\_\_\_\_

In Memory of (Deceased's Name) \_\_\_\_\_

**FAMILY:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**DONOR:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE + AREA CODE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**Please Accept My Gift:** Enclosed is my check for \$ \_\_\_\_\_

Contributions are \*tax-deductible, and check should be made out to:  
**Kings Canyon Veterinary Foundation.**

*\* a tax deductible receipt will be issued  
once we receive our non profit status.*



Thank You For Caring!

**Kings Canyon Veterinary Foundation · ATTN: Donations**  
4696 E. Kings Canyon Road · Fresno, C 93702  
Email: [info@kingscanyonveterinaryfoundation.com](mailto:info@kingscanyonveterinaryfoundation.com)  
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