

# ACVO Vision for Animals Foundation Pet Owner Donation Sheet

Director: Stacey Daniel Ph: 208-466-7624 Fx: 208-466-7693 Email: office11@ACVO.org

**DONOR INFORMATION**

Donor Name (Individual or Clinic) \_\_\_\_\_

Clinic/Address \_\_\_\_\_

Pet Owner _____
Name _____
Address _____
City _____ State _____ Zip _____
Pet Name _____
Clinic or veterinarian making donation _____
_____ \$10 _____ \$15 _____ \$20 other \$ _____

Pet Owner _____
Name _____
Address _____
City _____ State _____ Zip _____
Pet Name _____
Clinic or veterinarian making donation _____
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**CREDIT PAYMENTS:** Payments will be processed by the ACVO and funded to the Foundation. A receipt/thank you letter will be mailed to you. You can fax credit payments to 208-466-7693.

\_\_\_\_ Visa/MC \_\_\_\_\_ Discover

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp date: \_\_\_\_\_ Total to charge: \$ \_\_\_\_\_

**CHECK PAYMENTS**

Please make check payable to ACVO Foundation and mail to: ACVO Vision for Animals Foundation  
PO Box 1311 Meridian ID 83680

Total Amount Enclosed: \$ \_\_\_\_\_