

Gentle Doctor Benefit Sponsorship Form

Please check level of sponsorship:

- One Mule Level (\$100-249)
 Two Mules Level (\$250-\$499)

- Three Mules Level (\$500-\$999)
 Four Mules Level (\$1000+)

I have enclosed my sponsorship check of _____ \$ _____
(Please make checks payable to **University of Missouri**)

I have enclosed my employer's matching gift program information.

I have made my credit card donation (circle: MC, VISA, DISCOVER, AM EX) on a secured website by going to <http://gentledoctorbenefit.org/giving/> or entering my information below.

Card Number: _____ Exp. Date: _____

Signature (required): _____

Would you like a receipt for tax purposes? Yes No

Name to appear in Gentle Doctor Benefit Program: _____
(Donations can be made in honor of a pet or another person if you choose. Please write the name here exactly as you would like it to appear in the program and/or on the website.)

Donor Information:

Name and/or Company Name

Address City State Zip

Email and/or web address Daytime Phone

Do you wish to remain anonymous? Yes No

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