



**Act Locally – Impact Globally**  
**ACVP Contribution Form**

I wish to support the following:

- General Scholarship Fund                       Research and Education Endowment Fund  
 Harold W. Casey Scholarship Fund            William Inskeep Memorial Scholarship Fund  
 Greatest Need

I understand that my donation is tax-deductible to the fullest extent of the law. My gift will be used exclusively to support the programs and activities of ACVP. My donation is in the amount of:

- \$100       \$25       \$50       \$250       \$500       Other

My employer will match my gift.

I am making my gift by:

- Check (made payable to ACVP)  
 VISA                       MasterCard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for supporting ACVP!

Return this form to:

American College of Veterinary Pathologists  
2424 American Lane  
Madison, WI 53704USA  
Phone: 1-608-443-2466  
Fax: 1-608-443-2474