



Contribution to MVMA Charities, Inc.

I would like to help the MVMA Charities, Inc. carry out its work to benefit the animals and pet communities of Massachusetts.

I am making a total donation of \$ _____ to the MVMA Charities, Inc.

Name: _____

Address: _____

Phone: _____

Email: _____

*all information provided will remain confidential.

Comments/Donation Made on Behalf of (Optional):

Please send check and completed form to:

MVMA Charities, Inc.
163 Lakeside Avenue
Marlborough, MA 01752

OR pay by credit card:

MasterCard/Visa/AmEx No. _____

Expires: ___ / ___ V-Code: ___ (Amex - 4 digits on front; all others - last 3 digits in signature box on back)

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Card (Printed): _____

Authorized signature: _____

MVMA Charities, Inc.
*A 501(c)3 Not-for-Profit Organization Affiliated
with the Massachusetts Veterinary Medical Association*

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Email: mvmacharities@massvet.org * Website: www.mvmacharities.org