



**LEESBURG**  
VETERINARY HOSPITAL

*Thank you for supporting  
Leesburg Veterinary Hospital's  
Pumpkin Benevolent Fund!*

## DONATION FORM

Name Mr. Ms. Family \_\_\_\_\_

Pet(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Enclosed is my donation of \$ \_\_\_\_\_

Payment Type (Circle):    Cash      Check      Check No: \_\_\_\_\_

Please use my gift to help the following pet in need:

\_\_\_\_\_

Please allocate my gift to the general benevolent fund and use it in time of need: \_\_\_\_\_

**Your charitable gift is tax exempt.**

**Please retain a copy of this form  
for your records.**