



MVMA Charities, Inc.

*A 501(c)3 Not-for-Profit Supporting Organization
of the Massachusetts Veterinary Medical Association*

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INTERNATIONAL ANIMAL WELFARE PROGRAM APPLICATION FOR PARTICIPATION

For instructions and guidelines, see MVMA Charities, Inc. International Animal Welfare Guidelines.

Name of group or project: _____

Name of veterinarian project director: _____

NOTE: This application is subject to MVMA Charities, Inc. approval and replaces any previously submitted application.

Contact Phone Number(s):

Mailing Address: _____

1. Home Work Cell _____

2. Home Work Cell _____

3. Home Work Cell _____

Email Address: _____

(Please circle a phone description for each number listed)

Sponsoring organization: _____

Mailing address: _____

Phone number(s): _____

Website(s): _____

By my signature below I certify that:

1. I am the director of the above named project (proof must accompany this application). *
2. I am authorized by the organization listed above as the approved representative for grant administration for international veterinary services provided by MVMA Charities, Inc. (authorization must accompany this application). *
3. I have read the guidelines by MVMA Charities, Inc. for submitting fund requests for international veterinary services and I will abide by these guidelines.
4. I understand that project applications are subject to approval by MVMA Charities, Inc. and that limits to the total amount provided per project per calendar year may be in effect. Annual limits, guidelines and/or requirements may be changed by MVMA Charities, Inc. at any time.
5. I understand that only projects involving international animal welfare are eligible for reimbursement from MVMA Charities, Inc.

* See MVMA Charities, Inc. International Animal Welfare Guidelines.

Print Name: _____ Signature: _____ Date: _____

Please return completed application to:
MVMA Charities, Inc., 163 Lakeside Avenue, Marlborough, MA 01752-4554