



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 REQUEST FOR FUNDS

Name of group or project: _____

Name of veterinarian project director: _____

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)

Project site (country): _____

Date(s) of Service(s): _____

Total cost of Services: _____

Amount Requested: _____

NOTE: This request MUST include a receipt or statement from the service provider indicating the project name and total cost of services not yet paid. Funds request should be submitted within 30 days of last date of service or products purchased.

Service Provider (reimbursement may be sent directly to service provider upon approval):

BUSINESS NAME : _____

CONTACT NAME: _____

ADDRESS: _____

CONTACT PHONE: _____

As the submitting veterinarian project director, I certify that the service(s) for which funds are being requested were provided to the international animal welfare project listed above, I also certify that full or partial payment for the amount requested above has not been received. If duplicating payment is received in the future, an amount equal to the duplicated payment will be returned to MVMA Charities, Inc.

Print Name: _____ Signature: _____ Date: _____

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