

Yes, I (we) care about our coastal oceans and their wildlife and accept your invitation to support **The SeaDoc Society**.

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (        ) \_\_\_\_\_

Email \_\_\_\_\_

Please do \_\_\_\_ do not \_\_\_\_ list my (our) name(s) as shown in The SeaDoc Society membership roster.

Enclosed is my (our) check, payable to *UC Regents*

\$100

\$500

\$1,000

\$\_\_\_\_\_ Other

I would like to make a contribution of securities.  
Please provide transfer instructions.

VISA    Mastercard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Mail completed form to:

**SeaDoc Society**  
Wildlife Health Center  
School of Veterinary Medicine  
University of California  
One Shields Avenue  
Davis, California 95616

The information you will provide will be used for university business and will not be released unless required by law. To review your record, contact Advancement Services, 1480 Drew Avenue, Suite 130, Davis, CA 95616. A portion of all gifts is used to defray the costs of administering the funds. All gifts are tax-deductible as prescribed by law.