

If you prefer, simply use this form to indicate your institution's adoption of the pledge.

_____ *joins others that have pledged
to ensure that no laboratory animals in our care experience severe
and unrelieved pain and/or distress.*

Printed name of school official: _____

Title: _____

Signature: _____

Address :

Please provide at least one form of contact information from the list below:

Email address: _____

Phone: _____

Fax: _____

Mail, email or fax to:

**Leah Gomez
The Humane Society of the United States
2100 L. Street NW
Washington DC 20037
Fax: 301-258-7760
lgomez@humanesociety.org**