Mail-In Donation Form

Donor Information

Name: 
Address: 
City: ______________________________ State: _______ ZIP: _______
Email Address: ___________________________ Phone: __________________

Donation Information

Please do not send cash. Make checks payable to: National Kidney Foundation

☐ Check/Money Order
☐ Credit Card (please check card type)
   ☐ MasterCard® ☐ Visa® ☐ American Express® ☐ Discover®

Donation Amount: $____________________
Credit Card #: _________________________ Expiration: _________ CVV: _________
Name on Card: __________________________ Signature: _______________________

Fundraiser

Fundraiser/Team Name: Lolitta Robinson ______________________________________ South Columbia’s Blue Diamonds
Participant ID: 2995869_________ Event ID: 9276_____________

Please mail donations to:

National Kidney Foundation
508 Hampton Street Suite 200
Columbia SC 29201

National Kidney Foundation is exempt under section 501(c)(3) of the Internal Revenue Code making this gift tax-deductible.