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: __________________________________________________________________________
Participant ID: 2997224  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.