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: CarMecca Garvin ____________________________________ DareToShareYourSpare
Participant ID: 2997452 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.