National Kidney Foundation

ORDER FORM

Bill to:

Ship to: *(Street address only: No PO Boxes)*

☐ Member Member No. _____

Contact Name: _____

Phone: _____

Fax: _____

E-mail: _____

Purchase Order for Routing Purpose Only: _____

Date Needed: _____

Special Instructions: _____

QUANTITY	ITEM NUMBER	ITEM TITLE	PRICE	TOTAL PRICE
PROMO CODE:		DISCOUNT		

SUBTOTAL	
ADD SHIPPING & HANDLING CHARGE	
TOTAL AMOUNT OF ORDER	

If you would like information on any of the following membership opportunities in the National Kidney Foundation, please check here.

- ☐ PHYSICIAN
- ☐ SOCIAL WORKER
- ☐ NURSE/TECHNICIAN
- ☐ RENAL DIETITIAN

SHIPPING & HANDLING CHARGES:

Up to $12.00	$ 6.00
$12.01 - $50.00	$10.00
$50.01 - $100.00	$15.00
$100.01 - $200.00	$30.00
$200.01 - $300.00	$45.00
$300.01 - $400.00	$60.00
$400.01 - $500.00	$75.00

For all orders over $500 and for shipping to Alaska, Hawaii, Puerto Rico and all other countries outside the U.S., you will be billed shipping and handling based on actual cost. Please fill out the order form and send to the NKF Material Resources Department. You will receive an e-mail confirming the actual shipping cost to your credit card before we send the materials.

If you would like the order to be shipped via Federal Express or DHL and billed to your account, please include your carrier and account number in the space provided above. If using this option, please leave shipping charge blank.

PLEASE NOTE THAT ALL MATERIALS ARE PROTECTED BY COPYRIGHT LAWS AND ARE NOT TO BE DUPLICATED. PLEASE ALLOW 2 WEEKS FOR DELIVERY.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

ALL ORDERS MUST BE PREPAID – PAYMENT METHOD

Check/Money Order No. _____ Make payable to: National Kidney Foundation

Please charge my: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Account No. _____ Security Code _____ Expiration Date _____

Signature _____ Date _____

National Kidney Foundation • 30 East 33rd Street • New York, NY 10016
212.889.2210 • 800.622.9010 • fax: 212.686.8916
www.kidney.org

National Kidney Foundation

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Contact Name: ______________________________

Phone: ______________________________

Fax: ______________________________

E-mail: ______________________________

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