

Do you have a friend or loved one that you consider to be a hero, or someone you would like to remember in a special way during the Rochester Kidney Walk? You now have the opportunity to purchase a special *Kidney Walk “Hero Avenue” or “Memory Mile”* street sign along the Kidney Walk route to honor or memorialize your friend or loved one who has faced the challenges of kidney disease.

On Saturday, September 26th, hundreds of walkers will participate in the 10th *Annual Kidney Walk* at the Seneca Park Zoo. The Kidney Walk presents an occasion for dialysis patients, organ transplant recipients, donor families, living donors, the medical communities, and the general public to celebrate LIFE and support the National Kidney Foundation's mission. Funds generated through the Kidney Walk will go to support kidney research, education, prevention, patient services, and increasing the availability of all organs for transplantation.

We invite you to participate in the Kidney Walk Hero Avenue & Memory Mile Program, to recognize those among us who have been affected by kidney disease.

Hero Avenue Street Sign \$50

A personalized sign along the walk route to honor a friend or loved one

Memory Mile Street Sign \$50

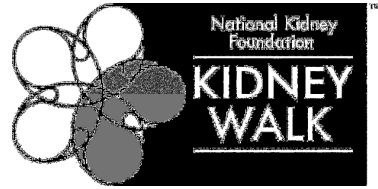
A personalized sign along the walk route to remember a friend or loved one

You may also choose to join us as a walker, or a volunteer on September 26th. Either way, you will help hundreds of families fighting kidney disease – and help thousands of people in the Rochester area prevent or delay the onset of chronic kidney disease.

Thank you for your support in the fight to end kidney disease!

Best Regards,

Ben Rossi, Special Events Manager



I would like to order...

___ Hero Avenue Street Sign(s) at \$50 each
Name(s) on Sign _____

___ Memory Mile Street Sign(s) at \$50 each
Name(s) on Sign _____

TOTAL AMOUNT DUE\$ _____

Payment Options

- Enclosed is my check payable to **National Kidney Foundation**
- Visa Master Card AmEx

Card _____ Expiration Date _____

Name on Card _____

Signature _____

Contact Name _____

Address _____

City _____ State ____ Zip _____

Phone _____ Email _____

___ **Please send me a
Kidney Walk Team
Captain Packet**

After the Kidney Walk

- Please mail the sign to:**

Name _____

Address _____

City _____ State _____ Zip _____

- I will be at the Walk and
will pick up my sign in person.**

Please return this form to the NKF by September 11, 2009

**Mail to: National Kidney Foundation Serving Upstate New York
 15 Prince Street
 Rochester, NY 14607
 Attn: 2009 Rochester Kidney Walk**

**Fax to: 585-697-0895
Call: 585-697-0874 x30**

example

