

Tax Deductible Donation Form

Any information collected about you as a donor will be used only by the National Kidney Foundation to send newsletters, donor acknowledgements, and future information about donation opportunities. We collect your name, address, and phone number when available.

First Name _____

Last Name _____

Phone Number _____

Address _____

City, State, Zip _____

Email Address _____

Type of Donation:	Appeal	_____	Donation Amount:	Individual	\$15.00
	Memorial	_____	Circle amount	Family	\$25.00
	Tribute	_____		Group	\$50.00
	Get Well	_____		Corporate	\$100.00
	Other	_____		Benefactor	\$250.00
				Other	_____

Special instructions for signing the acknowledgement:

Please send acknowledgement card to:

Name _____

Address _____

City, State, Zip _____

Credit Card Type: MasterCard Credit Card Number _____

Circle Type Visa Credit Card Expiration _____

Enclosed is my check _____

**Please print, complete this form, and mail it to:
National Kidney Foundation
1423 Strassner Drive
St. Louis, MO 63144**