



END OF YEAR DONATION FORM

Donation Amount: \$ _____

Donation Type:

General Donation In Memory (Please Fill Below) In Honor (Please Fill Below)
 Other: _____

Payment Information:

Via Credit Card (Information Below)
 Via Mail (Please Return Form & Check To: National Kidney Foundation, PO Box 40544 Bay Village, OH 44140)
 Donate Online at <https://www.kidney.org/content/HolidayKidneyImpact>

Donor Information

Prefix: _____ Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Billing Information (IF DIFFERENT FROM DONOR INFORMATION)

Prefix: _____ Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

This donation is:

In Memory of In Honor of Name: _____

Please send an acknowledgement card for this donation to:

Prefix: _____ Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Credit Card Information:

Credit Card Type: American Express Discover Master Card Visa

Card #

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Exp. Date: _____ CVC: _____