

DONATE AND FIGHT KIDNEY DISEASE

Your donation to the National Kidney Foundation will enable us to provide hope and help to the millions of people affected by kidney disease. To learn more, visit www.kidney.org

The National Kidney Foundation is a tax exempt, not-for-profit, 501(c)(3) organization. All contributions are tax deductible to the fullest extent of the law.

I/we wish to donate: (In U.S. dollars)						
□\$25	□ \$10	0	□ \$5	00	□ \$1,000	□ \$
Support 1 patient or loved one with information and education online and on the phone.	Empower 4 po to choose the treatment op their kidney fa	e best tion for	Screen 20 p for kidney of risk factors	disease	Educate 32 doctors on the latest research care.	Other amount. Please specify above.
☐ Automatically charge the amount above every month for months (credit cards only).						
Billing address: Title Name Address						
State Zip						
Email	Phone					
Payment options: ☐ Enclosed is a check made payable to National Kidney Foundation. Please charge my credit card: ☐ American Express ☐ Discover ☐ Master Card ☐ Visa Card # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
Authorized signature						
Gift matching: □ I am interested in matching this gift through my employer. Company						
This donation is: (d	(optional)					
☐ In memory of	☐ In honor of Name					
Please send an acknowledgment card for this donation to:						
Name						
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