NATIONAL KIDNEY FOUNDATION®

Fight kidney disease with your gift today

I/we wish to donate:

☐ **$1000** ☐ **$500** ☐ **$275** ☐ **$150** ☐ **other** _____

Your Information

Name

Street address

City, state, zip

Email ☐ Yes, I want to subscribe to email

Mobile phone ☐ I'd like to opt in to receiving text messages (SMS)

Payment Information

☐ Enclosed is my check made payable to **National Kidney Foundation.**

☐ Card # | | | | | | | | | | | | | | | | Exp. M M Y Y CVC

☐ In compliance with IRS regulations, we acknowledge that no goods or services were provided by NKF in exchange for your contribution. The NKF is a 501(c)(3) not-for-profit corporation. **Tax ID # 13–1673104**

☐ I am interested in matching this gift through my employer:

Tribute

Optional: This gift is in ☐ In **Memory** of *or* ☐ In **Honor** of:

Name

Please send an acknowledgment card for this donation to:

Street address

City, state, zip

Leave a Legacy

☐ NKF is in my will. ☐ I would like to learn more about leaving a legacy gift.

☐ I have a donor advised fund (DAF)

84% of your donation goes directly to NKF's life saving programs

Donate ONLINE at **kidney.org/donate** →

Or MAIL completed form to the **National Kidney Foundation**
Finance Department, 30 East 33rd Street, New York, NY 10016