

IN-KIND DONATION FORM

Thank you for your support!
Please provide the following information so that we may process your donation.

DONATION INFORMATION

SPONSORED WALK LOCATION (CITY, STATE): _____

FAIR MARKET VALUE (\$ AMOUNT/PRODUCT AMOUNT): _____

VALUE DETERMINED BY: _____

PRODUCT TO BE DONATED: _____

CONTACT INFORMATION

DONOR NAME/COMPANY: _____

DONOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

CONTACT PERSON: _____

TITLE: _____

AUTHORIZATION

We authorize NephCure Kidney International to include our corporate name and/or logo on all items consistent with our sponsorship selection, as provided by our corporation.

AUTHORIZED SIGNATURE: _____ DATE: _____

Please scan and return the completed form and logo (.jpg) to communities@nephcure.org.

Or mail hard copies to: NephCure Kidney International
Attn: Walk Partnerships
150 S. Warner Road, Suite 402
King of Prussia, PA 19406