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

NephCure Kidney International is a registered non-profit (501c3) tax-exempt charitable organization. EIN # 38-3569922