



Mail-In Donation Form

Your Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

Donation Information

Please do not send cash. Make checks payable to: National Kidney Foundation

Check/Money Order

Credit Card (please check card type)

MasterCard® Visa® American Express® Discover®

Donation Amount: \$_____ Credit Card #: _____ Expiration: _____

Name on Card: _____ Signature: _____

Let us know how to credit your generosity

Fundraiser/Team Name: _____

Please mail donations to:

National Kidney Foundation – New England
209 West Central Street
Suite 220
Natick, MA 01760

National Kidney Foundation is exempt under section 501(c)(3) of the Internal Revenue Code making this gift tax-deductible.
EIN: 13-1673104

Make your gift online: KidneyWalk.org