

## 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 [events@nephcure.org](mailto:events@nephcure.org).

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