

## Fight kidney disease with your gift today

I/we wish to donate:

\$1000	<b>\$500</b>	<b>\$275</b>	<b>\$150</b>	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 <b>National Kidney Foundation.</b>
Card # Exp M 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. <b>Tax ID #13-1673104</b>
I am interested in matching this gift through my employer:
Tribute
Optional: This gift is in  In <b>Memory</b> of or  In <b>Honor</b> of:
Name
Please send an acknowledgment card for this donation to:
Street address
City, state, zip
Leave a Legacy

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

NKF is in my will. ☐ I would like to learn more about leaving a legacy gift.I have a donor advised fund (DAF)

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

