

CONTRIBUTION FORM

This Contribution Is To Support:

AMOUNT OF CONTRIBUTION \$		DATE OF CONTRIBUTION
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Contributor Information

The NKF of Wisconsin does not share or sell your contact information.

NAME OF CONTRIBUTOR	
ADDRESS	
CITY, STATE, ZIP	
EMAIL ADDRESS	PHONE

Payment Information

<input type="checkbox"/> CHECK (PAYABLE TO: NATIONAL KIDNEY FOUNDATION OF WISCONSIN) CHECK # _____ <input type="checkbox"/> CASH		
<input type="checkbox"/> CREDIT CARD: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express		
CREDIT CARD NUMBER	EXP. DATE	NAME AS IT APPEARS ON CARD
_____ CREDIT CARD VERIFICATION CODE (3 digits on the back, or 4 digits on the front if AMEX)		
BILLING ADDRESS (if different from above)		
CITY, STATE, ZIP		
SIGNATURE AUTHORIZING CARD BILLING		

*The National Kidney Foundation of Wisconsin is a 501(c)(3) health charity; EIN: 39-1133761.
Your gift is tax deductible to the full extent of the law. No goods or services were received in exchange for this gift.*

National Kidney Foundation of Wisconsin
ATTN: Derby Dash Fund Raising
10909 W Greenfield Ave., Suite 201
West Allis, WI 53214-2379
T: (414) 897-8669 • events@kidneywi.org • F: (414) 930-0337

