



Please mail this form and your check to:
The Kidney TRUST
1350 Old Bayshore Highway, Suite 777
Burlingame, CA 94010

DONATION FORM

Your gift will be used to benefit the 26 million American who have chronic kidney disease (CKD) and the 325,000 Americans who are on dialysis by supporting The Kidney TRUST's public CKD screening, education, and financial assistance programs.

Date: _____ (Please PRINT all information clearly)

Enclosed is my check in the amount of \$ _____ payable to The Kidney TRUST.

My name: _____

Address: _____

City/State/ZIP: _____

Phone: (_____) _____ E-mail Address: _____

TYPE OF DONATION (please choose one):

General Donation

I would like this Gift to be made

In Honor of

In Memory of

Honoree First Name _____

Honoree Last Name _____

Please send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____
(name or names)

We thank you for your support.
Your contribution is tax-deductible.

The Kidney TRUST Tax ID#: 20-4941189

Questions? Please contact us at info@kidneytrust.org or 1-877-444-2398