



Please mail this form and your check to:  
The Kidney Trust  
1000 15th Street, NW  
Washington, DC 20004

8 CB5 HCB: CFA

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' &) \$\$\$ 5 a Yf]Wbg'k \ c'UfY'cb'X]Ung]g'Vmigi ddcf]b[ 'H Y?']XbYmiHFI GH]di V]W? 8 'gWYyb]b[ žYXi WU]cbž  
UbX'f]bUbW]U'Ugg]g]UbW' dfc[ fUa g''

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: \_\_\_\_\_

HMD9 C: 8 CB5 HCB'fd'YUgY'W ccgY'cbY'L'

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Honoree First Name \_\_\_\_\_

Honoree Last Name \_\_\_\_\_

D'YUgY'gYbX'UW\_bck'YX[ Ya YbhWUfX'lc.'

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_

(name or names)

K YH Ub\_'nci 'Zf'nci f'gi ddcfh'

Your contribution is tax-deductible.

The Kidney TRUST Tax ID#: 20-4941189

Questions? Please contact us at [info@kidneytrust.org](mailto:info@kidneytrust.org) or 1-877-444-2398