



2017 CONTRIBUTION FORM

Contributor Information

NAME OF CONTRIBUTOR

ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

PHONE

This Contribution Is To Support:

Payment Information

AMOUNT OF CONTRIBUTION
\$

Date of Contribution

CHECK ENCLOSED (MAKE PAYABLE TO NATIONAL KIDNEY FOUNDATION OF WISCONSIN) CHECK # _____ CASH

CREDIT CARD: Visa Master Card Discover 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 501c(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: Capital City Run/Walk
10909 W Greenfield Ave., Suite 201
West Allis, WI 53214-2379
events@kidneywi.org

06/2017

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