



**Saturday, May 6, 2017**  
**A Mile That Matters**

**CONTRIBUTION FORM**

One form per donor/contribution.

<b>Contributor Information</b>	
NAME OF CONTRIBUTOR	
ADDRESS	
CITY, STATE, ZIP	
EMAIL ADDRESS	PHONE

<b>Contribution for:</b>	
<input type="checkbox"/> PARTICIPANT _____	<input type="checkbox"/> TEAM _____

<b>Payment Information</b>		
AMOUNT OF CONTRIBUTION \$	Date of Contribution	
<input type="checkbox"/> CHECK ENCLOSED (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. DAT	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		
CARDHOLDER SIGNATURE		

**DONATE ONLINE:**  
 crowdrise.com/kidney-mile

**RETURN FORM WITH CONTRIBUTION TO:**  
 National Kidney Foundation of Wisconsin  
 ATTN: Kidney Mile  
 10909 W Greenfield Ave., Suite 201,  
 West Allis, WI 53214  
[events@kidneywi.org](mailto:events@kidneywi.org) • [www.kidneywi.org](http://www.kidneywi.org)  
 T: (414) 897-8669 • F: (414) 930-0337

*The National Kidney Foundation of Wisconsin is a 501c(3) Wisconsin health charity; EIN: 39-1133761.  
 Your gift is tax deductible to the full extent of the law.*