

Donation Form

This gift is from: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

This gift is:

A general donation

In memory of: _____

In honor of: _____

Occasion: _____

Please notify: _____

Their address: _____

City: _____ State: _____ Zip: _____

My check is enclosed (payable to Northwest Kidney Centers).

Please charge my MasterCard or Visa. Amount: _____

Card number: _____ Exp. date: _____

Cardholder signature (Required): _____

Fax this form to 206-709-8359 or mail to:

Northwest Kidney Centers
PO Box 3035
Seattle, WA 98114