



NORTHWEST
KIDNEY CENTERS
F O U N D A T I O N

Online Donation Form

This gift is from:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

This gift is:

A General Donation

In memory of: _____

In honor of: _____

Occasion: _____

Please notify: _____

Their address: _____

City: _____ State: _____ Zip: _____

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

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 Foundation
PO Box 3035
Seattle, WA 98114