



National Kidney Foundation[™] of Illinois

Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

General Contribution

Gift in honor of _____

Gift in memory of _____

Please send acknowledgment of my gift to: _____

Address, City, State, Zip: _____

Donation Amount: \$ _____

Please make your check payable to
National Kidney Foundation of Illinois, Inc.

Credit Card Type: Visa Mastercard American Express Discover

Credit Card #: _____ Exp. Date: _____

Name on card: _____

Please return this form to the
National Kidney Foundation of Illinois, Inc.
215 West Illinois, Suite 1C
Chicago, IL 60654
or fax it to:

312.321.1505