



PRINTABLE DONATION FORM

Please accept my/our gift of \$_____.

Donor Information:

Name(s): _____

Email: _____ Phone: _____

Street: _____

City, State, Zip: _____

OPTIONAL

In Memory/Honor:

This gift is made in honor of: _____

This gift is made in memory of: _____

Please notify:

Name: _____

Address: _____

Notify them by email: _____

I am donating:

By a check enclosed made to the Kidney Cancer Association.

Leave a Legacy.

I have already included the KCA in my will and / or as a beneficiary of a trust, retirement account, or life insurance policy.

I would like more information on planned giving opportunities to make the KCA part of my legacy.

Host a Fundraiser:

I'd like to host a fundraiser in my community. Please contact me so we can get started!

To give by phone: 1-800-850-9132 or visit kidneycancer.org/Give

Please return this to our secure KCA Lockbox: PO Box 676226, Dallas, Texas 75267-6226

THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!