



## WALKER DONATION FORM

**Attach this form when sending contributions through mail.**

Please provide event participant's information below. Make checks payable to the National Kidney Foundation of Michigan. **Please don't send cash.**

**Amount Enclosed:**

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Walk Name or Location: \_\_\_\_\_

Please mail to the address listed on the left. If you have any questions, please contact:  
Jennifer Bovia at (616) 458-9520 or [jbpvia@nkfm.org](mailto:jbpvia@nkfm.org)

National Kidney  
Foundation of Michigan  
  
260 Leonard NW  
Suite 2  
Grand Rapids, MI 49504  
(616) 458-9520



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