SUPPORTER CONTRIBUTION FORM

National Kidney Foundation of Michigan
1169 Oak Valley Dr | Ann Arbor, MI 48108
734.222.9801 | www.nkfm.org

2017 Kidney Walk

Participant Name:_____ E-mail: _____
Address: _____

Supporter Name	Address	Phone/E-mail (Optional)	Donation
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
			❒ Cash ❒ Check
		Total:	

Please make checks payable to either **NKFM** or **National Kidney Foundation of Michigan**.

When you have collected your cash and check contributions please place a copy of this form, along with your donations, inside the envelope. **You can turn in your envelope prior to the Walk by mailing it to the NKFM, at registration the day of the Walk or give it to your Team Captain.**

*Unless otherwise specified, donations of **$25 or more with complete contact information** will receive an acknowledgement letter.

Matching Gifts - Many employers will match employee gifts. Encourage your donors to check with their employer or go to kidney.org, click on the donate tab, click on the Matching Gifts tab and enter the company name.

On behalf of those we serve. Thank you!