



**KIDNEY FOUNDATION**  
OF OHIO, INC.

## Membership Form

By becoming a member, you are committed to supporting a broad program of direct assistance to persons with kidney disease within the Foundation's thirty-seven county service area.

### MEMBER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

### DONATION AMOUNT

\$25     \$50     \$100     \$500     Other \_\_\_\_\_

### PAYMENT TYPE

Cash

Check *made payable to Kidney Foundation of Ohio*

Credit Card

VISA

MasterCard

American Express

Discover

Name on card \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### CHECK ALL THAT APPLY

My company will match this donation. Form is enclosed.

I have provided for the Kidney Foundation of Ohio in my will.

I intend to provide for the Kidney Foundation of Ohio in my will.

### Return To:

Development Department  
Kidney Foundation of Ohio  
2831 Prospect Avenue  
Cleveland, OH 44115