



**KIDNEY FOUNDATION**  
OF OHIO, INC.

## Memorial or Honorarium Donation Form

### DONATION IS FROM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

### DONATION IS

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Occasion of honorarium \_\_\_\_\_

### CHECK ONE

Do not notify anyone of this donation

Notify \_\_\_\_\_

Address \_\_\_\_\_

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

### 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 \_\_\_\_\_

### Return To:

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