



Yes, I want to contribute to the vital work being funded by
The Kidney Foundation of Canada

I have enclosed my contribution in the amount of:

\$20 \$30 \$50 \$100 Other _____

Method of payment:

Cheque Visa MasterCard AMEX

Card number: _____

Expiry date: _____

Signature: _____

I would like to make a monthly pledge in the amount of:

\$5 \$10 \$15 Other _____

On the 1st of each month **OR** 16th of each month
(For a monthly pledge, please send a cheque marked "VOID")

Please send my receipt for income tax purposes to: *(please print)*

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

E-mail: _____

Charitable Registration No.: 10756 7398 RR0001

Please contact me about becoming a Kidney Foundation volunteer.

I would like more information about The Kidney Foundation of Canada.

The information you have provided to us will be used to process your donation and to provide you with a tax receipt. From time to time, we may use your contact information to keep you informed of other activities, events and/or fundraising opportunities in support of the Foundation. If you do not want to appear on our contact list, kindly check below. For more information about our privacy policy visit us online at www.kidney.ca

I do not want to appear on The Kidney Foundation of Canada's contact list.