DaVita KAT WALKS Across America™

☐ Cash ☐ CC ☐ Check

DONATION FORM

DavitaKatWalks.com • 1-866-342-1603

1. **I am supporting walker:** Name: _____ Walker #: _____

Participating in the following event:

☐ Virginia Beach, VA: June 29
☐ Baltimore, MD: July 13
☐ Philadelphia, PA: July 20
☐ Boston, MA: July 27
☐ Pittsburgh, PA: August 3
☐ Cincinnati, OH: August 9
☐ Detroit, MI: August 17
☐ Crown Point, IN: August 24
☐ Centennial, CO: September 7
☐ Minneapolis, MN: September 14
☐ Tacoma, WA: September 21
☐ San Leandro, CA: September 28
☐ Visalia, CA: October 5
☐ Los Angeles, CA: October 12
☐ El Paso, TX: October 19
☐ Oklahoma City, OK: October 26
☐ Dallas, TX: November 2
☐ Brentwood, TN: November 8
☐ Atlanta, GA: November 15
☐ Orlando, FL: December 7

OR

I am making a general donation in support of the following walk city: _____

2. **Contact Information:**

First name: _____ M.I.: _____ Last: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Day phone: ( ) _____ Evening phone: ( ) _____

Cell phone: ( ) _____ Email address: _____

3. **Donations** (all contributions are non-refundable and non-transferable)**:**
Donations are tax deductible. The Federal EIN for The Kidney TRUST™ is 20-4941189.

☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ Other $ _____

Corporate Matching: Many businesses will match employee charitable donations. If your company will match your gift, please complete your paper or online application through your employer. The street address to mail forms (if required) is: The Kidney TRUST, 1350 Old Bay Shore Highway, Suite 777, Burlingame, CA 94010. When received, matching funds will be added to your data record with the TRUST.

4. **Payment Options** (please do not send cash)**:**

☐ Cash

☐ Personal Check: Please make checks payable to The Kidney TRUST—KAT Walks and mail with this form to:
The Kidney TRUST—KAT Walks, File 74626, P.O. Box 60000, San Francisco, CA 94160

☐ Credit Card: Please debit my one time payment of $ _____ from my credit card.

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Acct #: | | | | | | | | | | | | | | | | Exp.: / _____

Signature: _____

Billing address: _____

City: _____ State: _____ ZIP: _____ Country: _____

5. **Your reasons for supporting chronic kidney disease (CKD):**
☐ I am living with CKD
☐ I have a loved one living with CKD
☐ I have lost someone to CKD
☐ Other: _____

I am affiliated with DaVita as:
☐ Teammate ☐ Vendor ☐ Patient ☐ Family member of patient or teammate

Please mail donation form to: The Kidney TRUST—KAT Walks, File 74626, P.O. Box 60000, San Francisco, CA 94160

© Copyright 2008 DaVita Inc. All rights reserved.