

www.kidneytexas.org

2025 Membership Form

Mari Epperson President				d & Joanie Stephens esident Membership
Name Spous			e's Name	
Prefix (please circle) Mr. and	Mrs. Dr. and Mrs.	Mrs. Mr. Dr.	Ms. Miss or	
Address				
City		State	Zi	p
Home		Cell		
Email				
	New Member	☐ Renewin	ng Member	
☐ Lifetime Benefactor	\$1,000	☐ Active		\$75
☐ Sustaining	\$500	☐ Men of I	Kidney	\$100
\square Contributing	\$250	☐ Young A	dult (21 to 35)	\$50
☐ Patron	\$150			
☐ I am a Lifetime Mem	ber and would lik	e to make a Don	ation of \$	
☐ I would like to make a	a Donation of \$	in honor o	f	
☐ Newsletter by US mai	l \$10 □ News	letter by email a	t no charge	
☐ I would like serve on	the Luncheon Hos	st Committee		
Credit Card # (AmEx/ MC/ V	ïsa)		Exp. Date	2
Name on Card		S	Security Code	
Му с	check in the amoun	nt of \$	is enclosed	

Questions, please email KidneyTexas, Inc. - kidney@kidneytexas.org

To be listed in the directory, please return your Membership Form by February 15, 2025.

Please send payment to:
KidneyTexas, Inc. ~ 8215 Westchester Drive, Suite 314B ~ Dallas, Texas 75225
OR
You may pay online at www.kidneytexas.org