



Donate to Kidney Kids

Your Name _____

Your Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Donation: \$ _____

_____ I have enclosed my check for \$ _____ payable to KidneyTexas, Inc.

_____ Charge my gift in the amount of \$ _____ to my:

_____ Visa _____ MasterCard _____ American Express

Card Number _____ Exp Date _____ CSC Code _____

Name on Card _____

Please return this form with payment to:
KidneyTexas, Inc. - 8215 Westchester Drive, Suite 314B - Dallas TX 75225
Tel: 214-891-0896 or kidney@kidneytexas.org
www.kidneytexas.org

Your contribution is tax deductible to the extent allowed by law.
KidneyTexas, Inc. is a 501 (c)(3) nonprofit organization.