



IN-KIND DONATION FORM

CONTACT INFORMATION

DONOR CONTACT: _____

TITLE: _____

DONOR NAME/COMPANY: _____

DONOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

DONATION INFORMATION

PRODUCT TO BE DONATED: _____

FAIR MARKET VALUE (\$ AMOUNT/PRODUCT AMOUNT): _____

VALUE DETERMINE BY: _____

AUTHORIZATION

We authorize NephCure Kidney International to include our corporate name and/or logo on all items consistent with our sponsorship selection, as provided by our corporation.

AUTHORIZED SIGNATURE: _____ DATE: _____

Please scan and return the completed form and logo (.jpg) to events@nephcure.org

Or mail hard copies to: Event Manager

NephCure Kidney International
150 S. Warner Road, Suite 402
King of Prussia, PA 19406

