

Memorial/Tribute Contributions

Please print and send to the Kidney Foundation of Northwest Ohio

Enclosed \$ _____ In honor of _____

For a _____ **memorial** _____ **special occasion**

Specify Special Occasion _____

Send card to:

Name _____

Address _____

City, State, Zip _____

From:

Name _____

Address _____

City, State, Zip _____

Phone _____

Visa/Mastercard _____ **exp.date** _____

Kidney Foundation of Northwest Ohio
3100 W. Central Ave.
Toledo, OH 43606