

Memorial and Tribute Form



The American Association of Kidney Patients is exempt under Section 501(c)(3) of the Internal Revenue Code.

Donor Information

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Country _____

Phone _____ Email _____

Gift Type

General Contribution

Memorial/Tribute Contribution* (Please complete page 2)

Other: _____

Payment Information

Check

Enclosed is my gift of \$ _____ made payable to AAKP.

Discover Master Card Visa American Express

Please charge my credit card for my gift of \$ _____.

Account Number _____

Expiration Date _____ 3 or 4 digit Security Code _____

Signature _____

**If your gift is a Memorial or Tribute Gift, please complete page 2.*

Mail or Fax Donation Form(s) to:

American Association of Kidney Patients
3505 E Frontage Rd.
Suite 315
Tampa, FL 33607

Phone: 800-749-AAKP

Fax: 813-636-8122

E-mail: info@aakp.org

~ Thank you for your support of the American Association of Kidney Patients ~

“The Voice of All Kidney Patients”™

Memorial and Tribute Form



Please complete the information below. One form per recipient, please.

Send Gift Notification To:

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

You will receive a letter as acknowledgement that your gift was received and processed. We will also send a card to the person you designate to be the recipient.

Please choose the most appropriate card below:

Anniversary Card (great for Transplant anniversaries too!)

In Honor of _____

Donation made by _____



Birthday Card

In Honor of _____

Donation made by _____



Memorial Card

In Loving Memory of _____

Donation made by _____



Special Day Card

In Honor of _____

Donation made by _____



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